

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

HARROGATE
SHOW GUIDE

18 March 1995

FP10 check to be 'part of Terms of Service'?

RPSGB bites back at BBC's 'Watchdog'

Society to develop own counselling scheme

Putting photography in proper focus



Three POM to P switches in one week

Drugstore cuts cost Lloyds £134m

The ups and downs of postural hypotension

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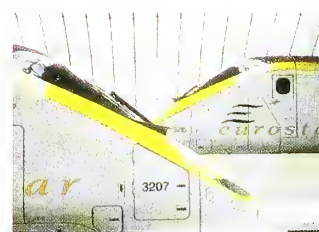
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Date of preparation - January

This week another new over the counter indication — irritable bowel syndrome — gets its first Pharmacy only medicine, Relaxyl; there are two other new switches. Like some other new OTC categories, IBS is a potential minefield for pharmacists obliged by the terms of the licence and the Society to follow part-defined sales protocols in the public interest. Pharmacists need to supervise professionally medicine sales; to fail to do so potentially fails the patient, and certainly fails their professional colleagues. A more potent OTC medicine armoury requires the same level of care as the pharmacist and his staff extend to prescription medicines.

On Relaxyl, Whitehall Laboratories has gone to considerable lengths to produce educational material of the right quantity, quality and depth for both pharmacists and assistants. Pharmacists must exercise care and skill in its use. Professional judgment should vary 'set' protocols to match the patient. Marion Merrell Dow's Triludan update failed to help pharmacists fully to advise and inform patients (p424).

GPs are welcoming the sensible and sensitive advent of pharmacists in areas where the burden of care, and practice time and monies, can be saved. Consumer bodies and media shows must take care to educate the people they purport to represent about the rationale of pharmacy involvement — of the need for personal questions relating to health and medication needs that can establish whether or not a specific OTC medicine can be safely and effectively used by the patient in question. Darning may make good TV, but it would be more responsible to encourage both pharmacists and patients to a meeting of minds. Increasingly, society wants to help itself to accessible healthcare. Pharmacy is the means to that end; it must forge its contract with the public.

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The rejig of the drugstore operation, Supersave, involves 176 stores transferring to the chemist division

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DoH to enforce FP10 supervision

The Department of Health is planning to incorporate the supervision of prescription exemption claims into pharmacists' terms of service.

But the Pharmaceutical Services Negotiating Committee says pharmacists should have no more legal liability for the forms than they do at present.

PSNC secretary Stephen Axon says: "The pharmacist's only requirement is to see that the form is completed." However, PSNC's financial secretary, Godfrey Horridge, adds that full completion of the new FP10's additional exemptions and requirements are to be deferred for a further three months while discussions take place.

The matter surfaced in a parliamentary question and answer session on Monday. The health secretary, Virginia Bottomley, was asked what representations she had received about the information pharmacists had to obtain from patients presenting prescriptions.

Outlining why the new-look FP10 was being introduced, health minister Gerald Malone added that: "We are currently discussing with the General Medical Services Committee and the PSNC about incorporating these changes into their terms of service."

In a subsequent Departmental press statement, he noted that: "We do not intend to take

statutory powers until our consultations have been completed, hopefully in the summer."

Mr Axon told C&D on Tuesday that there should be "no changes whatsoever" to the pharmacist's terms of service. Pharmacists' only concern should be to make sure the forms were completed, as at present.

In 1993, 82 per cent of prescription items were dispensed free by community pharmacists and appliance contractors to patients who declared they were exempt or entitled to remission of charges under the NHS low income scheme. Checks carried out by family health services authorities indicated that about 1.5 per cent of patient

declarations were incorrect.

In a press statement issued by the Department, Mr Malone said that prescription fraud deprived the NHS of about \$30 million a year.

He explained that the Department's officials had twice met the GMSC to discuss plans and had had written comments from PSNC.

● PSNC has received a "good bundle of information" in response to requests for details of expensive prescriptions contractors had turned away because of "financial attrition." The Committee is still interested in receiving this evidence and will be "very circumspect" in the way it is presented to the Department.

Pharmacy service 'tosh', says 'Watchdog'

The Royal Pharmaceutical Society is threatening to write to the Broadcasting Complaints Commission, following an attack on community pharmacy by BBC TV's 'Watchdog' programme.

Marion Merrell Dow also came under fire in the exposé-style show for failing to directly inform community pharmacists in December of new dosage and safety information for its OTC Triludan product.

In last Monday's broadcast, a reporter was sent to buy Triludan in ten pharmacies, including one Boots' branch. The purpose of the exercise was to examine how widely the 2WHAM sales procedure is being implemented. In each store the reporter asked for Triludan by name.

According to presenter Anne Robinson, only one pharmacy, ABC Drug Stores in London, provided "any useful consultation" (by asking whether any other medicines were being taken). Two others did ask whether the customer had "taken Triludan before". In one independent, however, "the pack was handed out as casually as a Mars bar".

Quoting from a letter sent to the programme prior to broadcast by secretary and registrar John Ferguson, Ms Robinson noted the Society's point that consumers often do not understand, and are hostile to, the need for questions. "Part of the Society's work is to encourage consumers to value the questioning process as a

service," she quoted.

"Absolute tosh!" she told viewers. "What questioning process? What service? Why can we never get organisations to face up to it when they've let customers down?"

In a second letter to 'Watchdog', the Society calls misleading "the application of the 2WHAM questioning format to every transaction".

"This format was evolved for when a customer volunteers details of symptoms and not for when a medicine is asked for by name," says Mr Ferguson.

The NPA has called the programme sensational, unbalanced, with some inaccuracies. However, a spokeswoman warns: "Pharmacy cannot suffer too many more setbacks like this."

MMD was also slammed for only communicating to hospital pharmacists and GPs new dosage recommendations and precautions and safety warnings for Triludan.

MMD was "not worried — but should be", said Ms Robinson on the programme, that new packs illustrating eight new side-effects, new contra-indications, and reduced dose recommendations would not "work through [into community pharmacy] before the start of the hayfever season".

MMD states that there are no "new side-effects" simply that new European legislation now requires all side-effects to be listed on the new patient information leaflet.

Upjohn recalls Caverject Powder

Upjohn is recalling Caverject Powder for Injection (alprostadil) bearing the lot numbers: **E19184; E19185; E19120; E19121; E19381; E19382; E19383; E19494; E19497; E19562; E19563; E19712.**

Another product made at the same place and time, but not

distributed in the UK, was contaminated with particles of stainless steel. Upjohn says if Caverject is contaminated by metal particles, the risk of damage is slight, but the possibility of harm cannot be ruled out. Supply enquiries: **01293 582395.**

All quiet on February's register front

The number of pharmacies on the Royal Pharmaceutical Society's register of premises remained static during February at 12,111.

During the month, 30 pharmacies entered and 30 left the register, including three phar-

macies that were restorations.

Boots was the most active of the multiples, adding four branches across the country. Other multiples' numbers remained almost constant on aggregate.



The South Cheshire Branch of the Royal Pharmaceutical Society held a dinner recently in Chester in honour of branch member and Society president Ann Lewis who, on behalf of the branch, presented a gift to Birdsgrove House. Guests at last Friday's dinner included (left to right) branch chairman Don Rickard and his wife, Anne; Sir Donald Wilson, regional chairman, NHS Executive North West; Tom Lewis and his sister, RPSGB president Ann Lewis; Chester's deputy lord mayor, Richard Short, and his wife, Margaret; RPSGB vice president Ian Caldwell and his wife, Anne; and NPA director Tim Astill and his wife, Ingrid. ABPI president Dr Till Medinger and PSNC chairman David Sharpe (not pictured) were also present

Essex puts spotlight on purchasers

Essex is following West Yorkshire's example (C&D March 11, p383) by targeting decision-makers and opinion formers for Pharmacy Week.

The county's local pharmaceutical committee has invited health authority, family health services authority, social services and local government representatives to a briefing on 'The development of community pharmacy in Essex'.

Presentations will be given on areas of pharmacy service, such as needle exchange and the provision of aids for the disabled.

Says Essex LPC secretary John Stanley, "Our aim is to show those who control health expenditure the benefits of the services community pharmacists have to offer. We are hoping this will encourage [them] to develop opportunities with us throughout the county."

Chinese whispers abound over Welsh tender

Welsh prescription pricing services have gone out for market testing, prompting national and local media speculation that this could lead to prescription forms being processed in the Far East.

According to Wynne Samuel, director of business and planning at the Welsh Health Common Services Authority, 51 organisations responded to the WHCSA's February advertisement seeking formal expressions of interest. The invitation to tender bids will be issued at the end of April, after which a shortlist will be drawn up in preparation for an announcement in August.

Since the intention to put out the prescription pricing services to market testing has been made public, local and national newspapers have noted the Far Eastern interests of some of the 51 advertisement replies. This has led to speculation that prescription pricing could transfer to the Far East.

Mr Samuel would not comment on either of these matters. "In deciding who should be awarded the contract, key will be what's in the best interests of the NHS."

Welsh secretary John Redwood, who made the service subject to market testing, has indicated that the total 1,800 employees of the WHCSA should be reduced by as much as 50 per cent.



Branch reps present motions for debate

Branch representatives from the branches of the Royal Pharmaceutical Society of Great Britain have agreed these motions for debate:

Northumbria "The Society should request the Home Office to add medicinal products of cannabis to Schedule 2 of the Misuse of Drugs Regulations."

"Medicinal uses" primarily relate to multiple sclerosis, but other uses may come to light once cannabis is released from the Catch 22 situation of "no medicinal trials until it is rescheduled — no rescheduling until it is proven to have medicinal value".

● Four Labour and Liberal Democrat MPs have tabled a Commons motion backing the use of cannabis for medicinal purposes.

Slough & District "The Society should take whatever action is necessary to allow prescriptions which have been dispensed and checked by pharmacists to be handed out in their absence from the pharmacy at which they were

dispensed."

Where there is a delivery service, prescriptions are handed out without the personal supervision of a pharmacist. Is it therefore logical that a prescription, once dispensed and checked by pharmacists, cannot be handed out in the pharmacist's absence from registered premises?

Dundee & Eastern Scottish "The advertising of POM to P classified medication should be strictly controlled and possibly confined only to the profession, not the end-user on the grounds of patient safety."

It is unacceptable that he/she should have to fight against customers self-diagnosis based on high-pressure advertising.

Manchester, Salford & Trafford "Community pharmacists should have access to a patient's diagnosis, in order to provide relevant and concise information with dispensed medicines."

East Metropolitan "The Council should ensure that all over the counter medicines, have all

ingredients listed on the pack in an agreed size and place and, preferably, in a contrasting colour to the rest of the print on the pack."

Leeds & District Branch "Sales of paracetamol should be confined to pharmacies where pharmacists and their qualified staff can provide the necessary advice to ensure this drug is used safely."

Macclesfield "All generic drugs should be manufactured to a standard that defines the size and appearance of each individual medicine. The product supplied would then be of constant appearance, irrespective of the manufacturer."

"A space of suitable size should be provided on original packs of medicines to enable a dispensing label to be attached."

South Cheshire "Council should organise a publicity campaign, which will draw attention to the continued refusal of the Department of Health to add to the Drug Tariff items such as wound dressings and catheters."

GPs plan campaign of industrial action

The BMA's Council has approved doctors' plans to begin a two-year campaign of industrial action, if no agreement is reached over the GPs' out of hours dispute.

The move has caused concern at the Pharmaceutical Services Negotiating Committee. Although no firm details of proposed action were outlined, last week's GP magazine highlighted some areas as ripe for attack which would have far-reaching effects

on community pharmacists.

GP suggested prescribing may be targeted, with a move away from generic prescribing, an increase in repeat prescribing accompanied by a rise in quantities prescribed and a boycott of the new FP10.

The proposed halt in generic prescribing is PSNC's gravest concern. Financial executive Godfrey Horridge says: "It would place considerably bigger strains

on pharmacists' working capital and would also create stock problems."

Other possible avenues of action include a refusal to complete FHSA data collection; halting health promotion activities; a mass boycott of night visits; weekly one-hour strikes; and increased hospital referral for patients. The intention is said to be to initiate new sanctions monthly during the campaign.

PAS promotion in NI

To promote Pharmacy Week, the Pharmaceutical Society of Northern Ireland is officially launching the Pharmacists Action on Smoking group's smoking cessation model to the Northern Irish press. The model is also being promoted to European members of the World Health Organisation.

NI payments

Northern Ireland pharmacists and appliance suppliers dispensed 1,631,443 prescription items on 985,030 forms during December, 1994. These generated net ingredient costs of £12,711,673 and gross costs of £15,249,649.

Scottish statistics

Scottish pharmacists and appliance suppliers dispensed 4,366,495 prescriptions during December, generating ingredient costs of £32,892,370 and gross costs of £39,257,256.

Services in Scotland

New regulations consolidating the NHS pharmaceutical services regulations in Scotland come into effect on March 31. The NHS (Pharmaceutical Services) (Scotland) Regulations 1995 (No 414, S28; HMSO, £6.10) include powers to allow health boards to cancel or amend contracts for the provision of domiciliary oxygen services.

Keep up with the press

The latest edition of the *Index for Available Literature* is now available, covering and type-classifying articles published during 1994 in the leading pharmaceutical press, the Medicines Resource Centre (MeReC) bulletin and the Committee on Safety of Medicines newsletter, 'Current Problems'.

New GP EC packs

The Contraceptive Education Service, has introduced new emergency contraception protocols for GPs. Pharmacists and other health workers will be sent a campaign pack, including the new guidelines, consumer leaflets and display posters.

Minor ailments book

South and East Cheshire pharmacists have developed a consumer booklet: 'Minor illness — how to treat it at home', offering tips on coping with diarrhoea, vomiting, sticky eyes and bumps, cuts and bruises.

Clothier spectre returns

Gloucestershire dispensing doctors Crouch and Boddam-Whetham are seeking leave for a judicial review of the Clothier regulations.

The local pharmaceutical committee was informed of the doctors' attempt to seek leave for judicial review in early February. This follows a Gloucestershire Family Health Services Authority ruling in favour of a pharmacy setting up in Chalford Hill. The pharmacist is Patricia Patterson of Bream Pharmacy, Lydney.

According to Dr Crouch, the judicial review will centre on the issue of a doctor's right to be consulted over a proposed pharmacy's necessity and desir-

ability — a principle already established as grounds to seek leave for judicial review by Humberside dispensing doctors (C&D December 24/31, 1994, p988).

However, Gloucestershire LPC secretary, Dr Christopher Dunn, notes that: "Gloucestershire FHSA's system is that the local medical committee will be automatically notified, and are invited to make comment about, a proposed application. In the past, the FHSA has taken note of almost every representation. The problem is, what constructively can be said concerning necessity and desirability about additions to the pharmaceutical list."

Dr Crouch says that LMC representation is not sufficient. "This decision has been steam-rollered through. The surgery and its patients have not been directly consulted. Both parish councils are very much against the pharmacy."

Given the Humberside precedent, Dr Crouch is hopeful of a positive outcome.

● Staffordshire pharmacy, Olive-mild, has succeeded in opening a branch in the village of Great Haywood, despite opposition from local dispensing doctors. Doctors tried to prevent the opening of the pharmacy by setting up a drugstore on Olive-mild's proposed site.

DoH lobbied on 'illegal' pre-payment certificate sales

The Department of Health has been lobbied by the Pharmaceutical Services Negotiating Committee to allow delegation of pre-payment certificate sales through pharmacies.

As it stands, there is no official Regulation to allow pharmacies, at the behest of family health services authorities, to sell pre-payment certificates. Although a number of pilot schemes are in operation, these appear to be 'illegal'.

"The way the Regulations work is that, in order for you to be able to do something, the Regulations have to empower you to do so,"

says PSNC's Dr Gordon Geddes. New Regulations need to be devised to clarify the legality of pre-payment schemes.

Godfrey Horridge, the PSNC's financial executive, confirms it has approached the Government over the last year to sanction pharmacy sales. "But the Government's approach on Regulations is that they do not want to do them piecemeal," he says. As the DoH is altering pharmaceutical regulations in April to cater for the local devolution of the global sum, there is the opportunity to end the legality confusion.

Remuneration needed for intervention

The cost to pharmacists of telephoning doctors with prescription queries should be reviewed, according to a study of pharmacist interventions by St Helen's & Knowsley's Pharmacy Audit Advisory Group.

Of the 273 interventions recorded by five pharmacists over a one-month period and two pharmacists over two weeks, the study found 25 hours were spent resolving prescription queries and 183 local telephone calls were necessary. "The relative cost reflected in this audit strongly suggests that reimbursement for prescription intervention should be reviewed," says audit facilitator Judith Whittaker.

The study also underlined the pharmacist's contribution to patient care. Some 26 per cent of interventions were of a serious nature, where patient safety was in question; or of a major nature, where GP contact was necessary before the prescription could be dispensed. The bulk of interventions were minor.

Ms Whittaker believes the study has highlighted pharmacists' "usefulness in reducing patient morbidity and obtaining health gain through safety awareness."

The study is now being extended to monitor serious interventions which will help identify areas where GP-pharmacist prescribing protocols need to be developed (see C&D January 28, p141).

Mixed reactions from carers to Liverpool mental health project

Some mental health carers have reservations about pharmacists' participation in continuing community care, says John Donoghue, former pharmaceutical facilitator at Liverpool Health Authority for the two-year project in community mental health services.

The project saw 14 participants offer services such as: 'on-demand, drop in' dispensing and information giving, medication monitoring and review in the residential setting, advising general practitioners on psychotropic medicine and informal advice provision in mental health day centres.

Staff and patients in these centres considered the service to be "greatly needed, highly valuable, very useful and would be missed", says the health authority's report.

However, reactions to the project by other health professionals was mixed, ranging from welcome to caution, unwillingness to question specialists' decisions and open hostility.

In conclusion, Mr Donoghue notes that to maintain the project, continuing education and training to develop more specialised roles and adequate pharmacist remuneration, are needed.

PSG steps up action

The Pharmacy Support Group has re-activated its campaign to save the independent pharmacist in the wake of the Government's plans to increase the professional allowance threshold.

"The penny is beginning to drop that the heaviest impact [of the Dof's offer] is going to fall on independent pharmacies, which have minimum resources to fight back," says a PSG spokesman.

Kicking off the campaign will be a one-day meeting, in London on April 2, to discuss contractors' concerns. PSG will also unveil its plan of action. The time and venue have yet to be confirmed.

Although still formulating its long-term goals, it is anticipated that PSG will target local council elections in May and maintain the pressure during the run-up to the next general election.

A warning is also going out to pharmacy's movers and shakers that their political careers are on the line. "It is important that this message reaches those who are sitting comfortably, those who are willing to see their colleagues sold down the river."

Travel medicines under threat?

Regulations which came into effect of February 6, advising GPs not to prescribe malaria prophylaxis on the NHS, are being seen as the start of wider campaign to take travel medicine out of the Service, despite Department of Health denials.

Dr Ron Behrens, consultant physician at the Hospital for Tropical Diseases Travel Clinic, believes that "the logical conclusion of the policy is the removal of all subsidies on travel medicine".

Malaria prophylaxis, he says, offers the greatest cost prevention to cost of supply benefit of all travel immunisations. "If they have taken the cue with malaria, then they will do the others," he says.

GPs remain divided over the ethics of subsidy removal. Dr Behrens believes that, scientifically, other travel prophylaxis provides very little benefit for a huge cost and that, politically, NHS subsidy would be better directed at other more needy areas, such as eye tests and health screening.

Concerns have been voiced that the new measures could lead to patients not using prophylaxis.



Negotiators fiddle while pharmacies close

So now I know the direction of my fate for the next financial year because, despite the talk of rejection by David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, the package offered to PSNC by the Department of Health will vary very little in its final agreed form from that announced at last week's LPC conference.

I am told that the new enhanced practice allowance reinforces the Department's commitment to rewarding pharmacists for their professional services. What is not said is that it is my money that is being juggled for the Department's visionary benefit, and that the incentive carrot has been firmly rejected in favour of maintaining pharmacy as the financial whipping boy of the NHS.

There is no extra money for acknowledged efficiency, no money to prime the pump of enforced restructuring, and no compensation to those pharmacists who find themselves unilaterally declared redundant. The only thing that has emerged loud and clear from this year's pay

Topical Reflections

round is that the independent community pharmacist is being sacrificed on the altar of political expediency, while dispensing doctors and multiples are continuing to thrive off the proceeds of their discount dealings.

I, as an average contractor, will receive £50,000 per year as payment for my full-time NHS services. Out of that princely sum I have to pay staff, locums, pensions, rent, rates, heat, light, etc, etc. Also, I have to put capital aside to invest in my developing role, as well as to maintain practice quality. It does not require a degree in mathematics to calculate that the return from my 'no risk' profession still leaves me at the bottom of the professional pay league, with only vocational enthusiasm left to sustain me through many more lean NHS years.

'Us and them' divide goes on

I was saddened to learn that Boots has once again rejected PR co-operation with the rest of the profession and, during Pharmacy Week, will pursue its own in-house initiatives, instead (*C&D* March 11, p384).

Pharmacy Week is a golden opportunity to promote the message of a unified profession. Competition is healthy and the public needs to understand the available commercial choices, but they should also understand the quality of professional services offered by all pharmacists.

Boots' decision effectively muddies the waters of this message. Many of my patients already view Boots as my professional as well as commercial competitor and this decision appears designed to deliberately exacerbate this perception.

HRT comes of age, at a cost

I have always been a staunch advocate of the benefits of hormone replacement therapy, so I have the greatest sympathy for those women who, having tried conventional sequential treatment, have had to stop because of the problems of cyclical bleeding. It has always seemed so unfair that, having reached the menopause with its promise of freedom from periods, these should be artificially perpetuated in order for the woman to benefit from HRT.

That was the situation until last week, when the first combined non-sequential oestrogen/progesterone therapy, 'Kliofem', was launched. This must be the answer to every woman's prayers, because all the benefits of HRT are promised with no cyclical bleeding. The answer lies in the simple combination of 1mg norethisterone with 2mg oestradiol in the same tablet, to be taken every day. The drawbacks? None, really, other than the price! At £39.60 for a pack of 3 x 28 I feel that many doctors, conscious of their drug budgets, will continue to prescribe conventional products.

But I am not certain that Novo Nordisk will be able to sustain this premium price for very long. Neither norethisterone nor oestradiol are patented drugs, and Schering has already announced plans to compete. So, hopefully, in the not too distant future, market competition will ensure that all women passed menopausal age will be able to benefit from hormone replacement therapy at a price to suit all drug budgets!

SCRIPTspecials

New Monoparin ampoule

Monoparin (heparin sodium) 1000u/ml is now available in a 20ml vial (ten, £13.75).

CP Pharmaceuticals Ltd. Tel: 01978 661261.

Imtack change

Astra Pharmaceuticals is changing the Imtack canister from aluminium to transparent brown glass which will enable patients to see the amount left.

Astra Pharmaceuticals Ltd. Tel: 01923 266191.

New Ikorel pack size

A new pack size of Ikorel is being launched to coincide with the GP launch of the product. The basic NHS price of the 60-tablet pack is £11.66 for the 10mg strength and £19.88 for the 20mg.

Rhône-Poulenc Rorer Ltd. Tel: 01323 534000.

Primaxin licence extension

The product licence for Primaxin has been extended to include administration as monotherapy in patients with febrile neutropenia.

Merck Sharp & Dohme Ltd. Tel: 01992 467272.

Professional pregnancy kit

Check-mate is a new professional pregnancy testing kit from BHR Pharmaceuticals (20 strips, £39.50). The one-step dipstrip test detects the HCG levels in urine down to 25mIU/ml.

BHR Pharmaceuticals Ltd. Tel: 01203 353742.

Paracetamol Suppositories

Paracetamol Suppositories 500mg, a P product, is now available from Aurum Pharmaceuticals. The basic NHS price for a box of ten is £9.50. They are being distributed by

Distriphar UK. Tel: 01895 837779.

ACBS approval

Aminex Low Protein Gluten Free Rusk has been approved by the ACBS. The Rusk is available in 200g packs, 12 packs to an outer.

Gluten Free Foods Ltd. Tel: 0181 954 7348.

Infacol all-clear

Pharmax says Infacol Infant Colic Drops are now being restocked following a recent recall of six batches.

Pharmax Ltd. Tel: 01322 550550.

Oral ganciclovir for CMV retinitis

Cymevene (ganciclovir 250mg) capsules are now available in the UK for the maintenance treatment of cytomegalovirus retinitis in AIDS patients. In immunocompromised patients, this virus can cause severe sight- or life-threatening infections. Between one in four and one in five people with AIDS develop CMV retinitis, which if untreated can lead to blindness.

Once CMV retinitis is diagnosed in an HIV-infected person, the patient usually requires life-long anti-CMV therapy to prevent the condition worsening. Until now this had to be administered intravenously via a permanent indwelling catheter, which placed restrictions on patients' lifestyles and was associated with a greater risk of infection. An oral formulation will improve the quality of life for many AIDS patients.

Clinical studies comparing the capsules with the intravenous

formulation for maintenance therapy found no significant difference in progression of CMV retinitis. However, patients receiving the capsules had fewer serious blood-related infections.

Even with maintenance therapy, patients can be expected to relapse every three months and then require 're-induction' with high-dose intravenous anti-viral therapy.

Product licence holder: Syntex Pharmaceuticals Ltd, Syntex House, St Ives Road, Maidenhead, Berkshire.

Dosage: recommended maintenance dose of 1g three times daily or 500mg six times daily. This applies to patients with stable CMV retinitis following at least three weeks' treatment with intravenous Cymevene therapy.

Contra-indications, warnings: pregnancy and lactation.

Side-effects: include leucopenia, thrombocytopenia and anaemia. See Data Sheet.

Pharmaceutical precautions: avoid inhalation or direct contact of the powder with the skin or mucous membranes as it has carcinogenic and mutagenic activity.

Legal category: POM.

Pack size: 84 capsules (£265.65).

A strip of three pouches, each containing four capsules per pouch. Each pack has a seven-day supply of seven strips.

Product Licence Number: PL 0286/0137.



Hycal reformulation

Hycal is being reformulated to meet EC directives by removing the colouring agent, amaranth. All four flavours will now be clear. As a result, the company expects an out of stock situation on lemon and blackcurrant flavours for two to three weeks from April 22.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Juvela uses its loaf to meet customer needs

Juvela Low Protein Loaf and Low Protein Bread Rolls have been re-launched with a new recipe, lower phenylalanine and more informative packaging. The new recipe gives the bread a moister texture and fresher taste.

Scientific Hospital Supplies has also sponsored a booklet on coeliac disease by Dr John

Mayberry, a consultant gastroenterologist. It has a question and answer format, tackling many of the questions coeliacs and their families ask following initial diagnosis. Pharmacists can obtain copies of the booklet from the company.

Scientific Hospital Supplies (UK) Ltd. Tel: 0151 228 1992.

MEDICAL MATTERS

New malaria guidelines on the way

New malaria guidelines, due to be published in the *British Medical Journal*, make significant changes to current practices. Pharmacists should be aware of these when recommending malaria prophylaxis to customers.

Mefloquine (Lariam) is now the drug of choice for malaria prophylaxis in West, Central and East Africa for periods of up to a year. At present, use of the drug is restricted to three months, but its product licence may be changed. Mefloquine should not be recommended for women in the first trimester of pregnancy, patients with epilepsy or people with a history of psychiatric illness.

Although the antibiotic doxycycline is not licensed for malaria

prophylaxis, it is now being recommended for certain areas of South-East Asia, where mefloquine resistance is becoming a problem, and as a second-line agent for travellers unable to take mefloquine, chloroquine or paludrine. It should only be recommended for three months and not given to any child under 12 years.

The information department at the National Pharmaceutical Association has produced a new malaria chart to reflect these changes. NPA members will receive a copy with the April *Supplement* (non-members, £3), but until they do they are advised to contact the information department before recommending prophylaxis.

Once-daily steroid cream effective

A once-daily application of topical mometasone furoate (Elocon) appears to be at least as effective and safe as other potent steroids applied more frequently for atopic eczema and psoriasis, says the latest *Drug and Therapeutics Bulletin*. However, the authors of the review say the drug's efficacy and safety need to be confirmed in long-term studies.

The use of fluticasone (Cutivate), another once-daily topical corticosteroid, is not recommended by the Consumers' Association because it says there are no clinical trials published comparing the drug with other potent steroids.

It's Immense. It's Imodium.TM

(Loperamide)

Announcing a revolution in OTC anti-diarrhoeal sales. Imodium, the brand that you've already made number 1, is about to grow still further and expand the pharmacy market.

Imodium will be supported with an unprecedented £multi-million promotional programme throughout 1995 to drive new users into your pharmacy and build your anti-diarrhoeal business.

This support offers you:

- **National TV advertising.**
- **Striking new point of sale and display promotions.**
- **The best P.O.R. available.**

Imodium can stop acute diarrhoea with just one dose, a message your customers will get loud and clear. With our commitment to growth and your continued recommendation, your business is sure to expand.

Find out more about our plans for Imodium OTC by contacting your Centra Healthcare representative today or telephone 01494 450778.

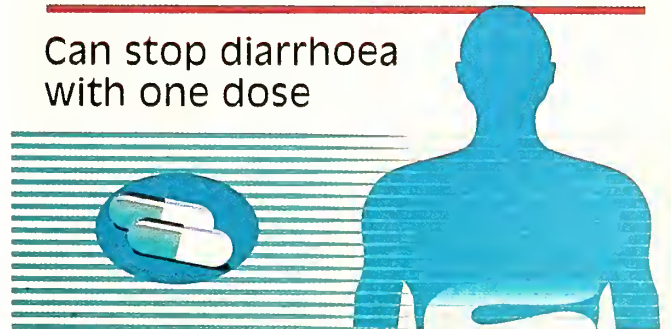
Imodium OTC Essential Information

Presentation: Capsules containing loperamide hydrochloride 2mg. **Indications:** Treatment of acute diarrhoea. **Dosage and administration:** Adults and children over 12: Two capsules initially, then one capsule after every loose stool. **Maximum dose:** Eight capsules in 24 hours. **Contraindications:** Conditions in which inhibition of peristalsis is to be avoided, abdominal distension, colitis or as sole treatment in acute dysentery. **Precautions:** Imodium is for the symptomatic relief of diarrhoea only and is not a substitute for rehydration therapy. If symptoms persist for more than 24 hours, a doctor should be consulted. Loperamide should only be used during pregnancy or lactation on the advice of a doctor. **Side-effects:** Abdominal cramps, nausea, vomiting, drowsiness, dizziness, dry mouth and skin reactions. Price: 8 capsules: £3.25, 12 capsules: £4.70. **Legal category: P.** **PL:** 0242/0028. **PL holder:** Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon, OX12 0DQ. ©JPH February 1994

TM denotes Trademark

ImodiumTM

Can stop diarrhoea
with one dose



12 ANTI-DIARRHOEAL CAPSULES

NEW Pripsen Mebendazole Tablets

Mebendazole USP 100mg



Threadworms are a common complaint and customers rely on you to recommend a complete and effective treatment.

New Pripsen Mebendazole Tablets are the only Double Dose treatment presented as two chewable tablets, each containing 100mg Mebendazole. The first dose kills the threadworms; the second, to be taken 14 days later if reinfection occurs, kills any threadworms produced from residual eggs.

With an RSP of £1.89, Pripsen Mebendazole Tablets offer your customers the reassurance of a complete effective treatment in one value for money pack – with the excellent profit margins you'd expect from Seton.

Pripsen Piperazine Phosphate powder has been tried and trusted for over 20 years and is still available on prescription and for OTC recommendation.

Make sure you talk to your Seton representative about special Pripsen deals.



 **Seton
Healthcare Group plc**
Pripsen is a Trade Mark.

Presentation: Chewable orange flavoured, off-white tablets, containing Mebendazole USP 100mg. **Uses:** For the treatment of Threadworm (Enterobiasis) infestation. **Dosage and Administration:** Adults & Children Over 2 years – Initial Dose: 1 tablet to be chewed, or swallowed with water. The initial dose to be followed by a second tablet, 14 days later, if reinfection occurs. Not suitable for children under 2 years. **Contra-indications, Warnings etc:** **Contra-indications:** Mebendazole has not been studied extensively in children under two years of age – for this reason it is not currently recommended for children under two years of age. **Other undesirable effects:** Side-effects reported have been minor. Transient abdominal pain and diarrhoea have been reported only rarely in cases of massive infestation and expulsion of worms. (Slight headache and dizziness have been occasionally reported). **Use in Pregnancy and Lactation:** Since there is a risk that Mebendazole could produce foetal damage if taken during pregnancy, it is contra-indicated in pregnant women. No information on secretion into breast milk is available so mothers taking the drug should not breast feed. **Other Special Warnings and Precautions:** If after two weeks you need to take the second tablet, following which your symptoms persist, then consult your doctor. Overdosage: No cases of overdose have so far been reported with Mebendazole, but gastric lavage and/or supportive measures would be recommended. Symptoms of acute overdosage would be expected to include gastrointestinal disturbances, abdominal pain, headache, dizziness, pyrexia and convulsions. **Pharmaceutical Precautions:** Store at or below 25°C in a dry place. **Legal Status:** P Packs. **P Packs:** Blisters of 2 Tablets. **Price:** R.S.P. £1.89. **Product Licence Number:** PL 0358/0084. **Product Licence Holder:** Cupal Ltd. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham, OL1 3HS, England. Telephone: (0161) 652 2222. **Date of Revision:** November 1994.

Relaxyl, a first for irritable bowels

Whitehall Laboratories is the first company to take advantage of alverine citrate's new OTC indication for irritable bowel syndrome, launching Relaxyl capsules (18, \$4.35) into a new market sector, with an estimated 2.5 million sufferers.

Each Relaxyl capsule contains 60mg of the selective anti-spasmodic alverine citrate, which helps to normalise bowel habit and alleviate pain and discomfort.

Prescribed since the 1960s for IBS, it has few side-effects and is said to be particularly efficient in reducing and relieving the painful stomach cramps experienced by most sufferers.

The dose for adults and children over 12 years is one or two capsules swallowed with a drink one to three times a day. Relaxyl is not recommended for children under 12. Patients with symptoms that persist beyond two weeks should speak to their doctor.

Counter prescribing sheets and guidelines on Relaxyl supply are available for pharmacists and assistants. The company is anxious to keep protocols simple and non-alarming. Anyone who has not been told they have IBS by a doctor must be referred to their GP by the pharmacist.

Whitehall is offering a

standard POR of 33 per cent and a "generous launch promotion".

A \$500,000 national press campaign begins at the end of April. The campaign will continue in the women's press with advertisement features, backed by direct mail to known IBS sufferers.

POS includes a leaflet dispenser, shelf edgers, showcard and dummy pack for window or counter display. Relaxyl will feature in the company's acrylic Pharmacy medicines display units shortly. **Whitehall Laboratories.** Tel: 0628 669011.



Syntaris switch for new season

Roche Consumer Health's salesforce is taking orders for the recently 'switched' Syntaris nasal spray for hayfever, which will be available for pharmacy sale from mid-April.

Syntaris contains flunisolide 0.025 per cent (10ml, \$4.89) and is indicated for the prevention and treatment of seasonal allergic rhinitis. It should be started a week before the hayfever season, which usually begins around June 1, and continued throughout the season, which ends about the third week in July. Sufferers should still use the product when the pollen count is low.

The dose is two sprays in each nostril twice daily, for adults and children over 16. A lower dose is specified for those between 12 and 16. It is not recommended for children under 12.

The company is concentrating on pharmacy recommendation rather than direct advertising to consumers. There is training material for pharmacy staff, and self-help guides for customers at POS.

Roche says the 33 per cent margin is the highest on any hayfever product. **Roche Consumer Health.** Tel: 01707 366000.

Hydrocortisone addition to haemorrhoid treatment

Customers suffering a flare-up of piles can now obtain relief from an OTC hydrocortisone product. Anusol Plus HC, from Warner Wellcome, is available in two presentations — a 15g tube of ointment, complete with an applicator for internal piles (\$3.65) and a pack of 12 suppositories (\$3.95), both below the new prescription charge of \$5.25.

The cream contains 0.25 per cent, and each suppository 10mg of hydrocortisone acetate, an identical formulation to the prescription product, Anusol HC.

Warner Wellcome says the hydrocortisone has been clinically proven to

reduce inflammation in piles, tackling the source of pain, swelling and itching rather than merely anaesthetising the area.

The cream should be applied sparingly at night, in the morning and after each bowel movement up to a maximum of three times a day. Alternatively one suppository should be inserted rectally at night or after a bowel movement, again to a maximum of three daily.

Use of Anusol Plus HC is limited to a maximum of seven days' treatment. It is not recommended for use during pregnancy or in patients under 18 years of age. Anusol Plus HC should be used when

the customer's usual OTC remedy fails to provide sufficient relief.

Warner Wellcome is supporting the launch with a \$500,000 advertising and promotional package which includes national press advertising. An education programme has been developed for pharmacists and assistants. New point of sale and display material features a 'flare' at sea.

The company has also produced half a million consumer leaflets which will be distributed through pharmacies. The leaflet details the causes and symptoms of piles as well as the action of Anusol Plus HC. Customers can use a tear-off slip on the leaflet to request the product if they are too embarrassed to ask for it.

Anusol currently holds 40 per cent of the \$10.3 million over the counter haemorrhoidal product market and the company expects the new product to grow the category as well as its market share.

Warner Wellcome Consumer Healthcare. Tel: 01703 620500.



Spray away pain

Dendron is introducing an addition to its Ibuleve range: Ibuleve Spray (35ml, £4.75).

The spray is designed for easier application to less accessible areas of the body, such as the lower back. The spray works in two positions — upright and upside down. Each spray gives a metered dose of 0.2ml.

Its launch will be supported by a £500,000 national TV campaign which will break in May. POS material, including showcards, is available. **Dendron Ltd.** Tel: 01923 229251.

Vaseline sets intensive sights on 'skin-friendly' deodorants

Elida Gibbs is extending its Vaseline Intensive Care franchise to anti-perspirant deodorants.

The three-product range boasts a 'skin-friendly' formulation and is targeted at all skin care

aware consumers, not just those with sensitive skin, the company says.

The range also heralds the introduction of the UK's first mainstream cream deodorant, Dry Cream (\$2.29). It comes in a mushroom-shaped applicator designed to fit the underarm.

The other two products are a Powerball Roll-on (\$1.39), which has a larger size roll-on ball for easier application, and an aerosol Day Long Protection Spray (\$1.89), which comes in a squatter-shaped can than regular deodorants.

The skin-friendly proposition is supported by the inclusion of Proderma in all three

formulations. Proderma enhances skin's natural lipid barrier which helps to maintain healthy skin, the company says.

The range is available in two fragrances: Active Fresh and Fresh Balance, and colour-coded in aqua and orange respectively.

The launch is to be supported by a \$5 million TV campaign which builds on the Vaseline theme of 'Skin Science Updates' with former newsreader Pamela Armstrong.

In-store promotions and merchandising will include counter display units, trial sizes and shelf-edgers.

Elida Gibbs Ltd. Tel: 0171 486 1200.



Collection 2000 lipstick update

Collection 2000 is relaunching its colour cosmetics with a new range of lipsticks in what the company says is the first phase of a new development programme.

It has reformulated its existing lipsticks, as well as introducing a new supersheer lipstick. These are available in six shades and will retail at \$0.99.

Collection 2000 Ltd. Tel: 01695 50078.

Pin Up Perm goes soft

Fine Fragrances and Cosmetics is introducing a new addition to its Pin Up Home Perm range.

Pin Up Soft (£3.95) has been formulated to create soft waves and curls, says the company, with added proteins and conditioners.

The pack's information leaflet has been updated with brighter graphics and an easy to follow step by step guide.

Robinsons Healthcare. Tel: 01246 220022.

Pavarotti's perfume performance

Opera star Luciano Pavarotti is hitting new top notes with the launch of his first men's fragrance.

The crisp, green fragrance of Luciano Pavarotti for Men has top notes of ivy and bergamot, lemon and neroli.

The range comprises: eau de toilette spray

(75ml and 125ml, £27 and £40 respectively); after shave (75ml and 125ml, £21 and £29 respectively); and after shave balm (125ml, £27).

It will roll out nationally in May, following an April debut at Harrods.

Shafii & Schmid Enterprises Ltd. Tel: 0181 741 8011.

Cavity care from Colgate

Colgate-Palmolive is repackaging Colgate Great Regular Flavour toothpaste and giving it a new name to boot.

To reinforce the brand's anti-cavity properties, it is now to be called Colgate Ultra Cavity Protection.

The revamped pack gives greater emphasis to the product's new name.

It is available in 50ml and 100ml lay-down tubes; 100ml and 150ml stand-up tubes; and a 100ml pump.

Colgate-Palmolive Ltd. Tel: 01483 302222.



Depilatories take smooth option

Richards & Appleby has extended its Wax Appeal brand into a hair removal range called Smooth Appeal.

The new range comprises four core hair removal products, plus a pre-care gel and an after-care lotion.

Pre-Care Cooling Gel (200ml, \$2.99), Cream Hair Remover (100ml, \$2.99), Gel Hair Remover (100ml, \$3.49), Soft Wax

Strips (six double strips, \$4.35), Facial Hair Remover (40g, \$2.99) and After-Care Moisturising Balm (200ml, \$2.99).

Presented in new orange marbled packaging, all contain aloe vera.

POS material is available along with a consumer leaflet backed by a coupon offer.

Richards & Appleby. Tel: 01695 20111.

Brylcreem's got more style



Brylcreem is attempting to strengthen its position in male hair care with the introduction of three new styling products.

These are Brylcreem Light (140ml, \$2.19), Styling Gel (two variants — 125ml, \$1.99) and Spray Gel (150ml, \$2.29).

Their introduction is

being bolstered with a second burst of the brand's 'Control yourself' TV campaign which is part of a \$3.5 million support programme. The commercial runs until April.

Sara Lee Household & Personal Care. Tel: 01753 523971.

Handy Spa care

Develop 10 is introducing Day Spa, a range of aromatherapy hand treatments.

The range offers three products: an exfoliator, moisture masque and nourishment creme.

The kit costs \$18.90. **Grafton International. Tel: 01543 480100.**

Pollen talk

Zirtek has taken over the sponsorship of the national Pollen Line.

The telephone helpline — 01705 777722 — will open mid-May and run through to the end of July. Calls are charged at standard BT rates.

UCB Pharma Ltd. Tel: 01923 211811.

Britain's most popular programme is back on the box.



nicotinell TTS 30
Patch Programme to help you stop smoking

L 7 days supply of large size nicotine patches
for smokers of 20 or more cigarettes a day

Nicotinell is the most popular nicotine patch programme in Britain. So popular, in fact, that it has a dominant 54% brand share.* One of the reasons for this remarkable success is the consistent heavyweight advertising support we have put behind the brand.

1995 is no exception. We will be investing a massive £3.1 million, starting over the key New Year period. Nicotinell has been brand leader ever since its launch in May 1992.* It helps smokers 24 hours a day. Now we'll be giving you round the clock support as well.

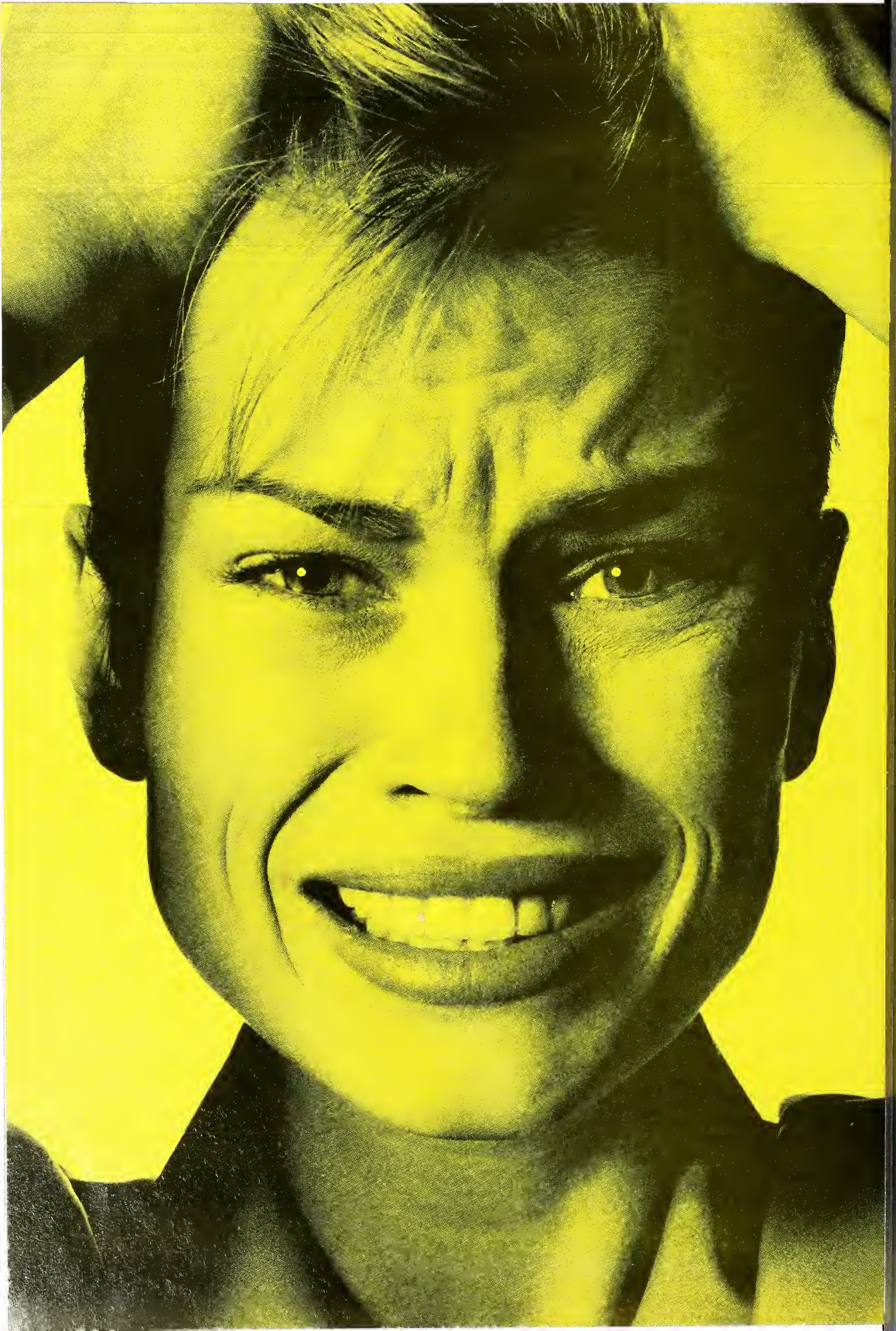
NICOTINELL IS A REGISTERED TRADEMARK



Presentation: Transdermal Therapeutic system containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage:** Stop smoking completely when starting treatment for those smoking 20 or more cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Contraindications:** Non smokers, occasional smokers, children under 18 years. **As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine.** **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **Keep out of the reach of children at all times.** **Side effects:** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **Legal category:** P. **Packs:** NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. ® denotes registered trademark. **PL Holders:** Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **Date of preparation:** December 1994. 1294/855

ciba ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

*NIELSEN JUL/AUG 1994 / MAT



if you don't stock cyclax moisturiser hard lines

You'll only have yourself to blame if you don't have the stock to meet demand. After all, you'll be constantly reminded thanks to our three month advertising campaign which breaks in April. You won't be able to open a magazine without seeing Cyclax emblazoned across its pages. The ad will point out what good value Cyclax is, and how it performs as well as more expensive products. We'll also be running a variety of promotions across the range to make Cyclax even more attractive. For more information write to Denmore Services Ltd, Unit 4, 226 Centre, Purley Way, Croydon CR0 4XG. Alternatively phone 0181 680 5535 or fax 0181 680 5537. If you don't make any enquiries about Cyclax, be warned, your customers will.



cyclax from £2.99

Moistura Moisturiser 50ml R.R.P. £4.55. Moistura Super Rich Moisturising Lotion 200ml R.R.P. £5.25. Moistura Skin Conditioning Lotion 400ml R.R.P. £2.99.

Kodak stakes its claim in pharmacy



Kodak is running two new spring promotions — one for independents and one for consumers.

Up until the end of May, special packs of 24-exposure Kodak Gold film will carry an additional 12 shots free. The promotion is supported by a merchandiser which holds 24 films — six rolls each of 100 and 400 Gold and 12 of 200.

To encourage take-up of this and subsequent offers, Kodak is running a special pharmacy competition called

'Stake your claim to the missing millions'.

Five winners will receive a luxury weekend for two in the Cotswolds, and a share of \$10,000 cash which will be awarded during the weekend. In addition, 50 runners-up will receive a Kodak Cameo Motor camera.

The competition closes on September 11, 1995. Further information is available from Kodak or Chemist Broker representatives. **Kodak Ltd. Tel: 01442 61122.**

Assistance for assistants

Tambrands has launched educational literature for pharmacy assistants (and consumers) which gives advice on a wide range of women's health issues, including menstruation.

The guide, entitled 'Menstruation', is divided into two sections: common period problems and their treatment.

Every subject in the guide is also covered separately in a set of nine leaflets — 'Your Body Matters' — which has been produced for distribution to consumers through the pharmacy. The guide and leaflets are available from Tampax representatives or by contacting Tambrands directly. Tambrands consumer care and advice service. Freephone: 0800 378135.



Sweet sensation from Kia-ora

Kia-ora real fruit pastilles are not sugar-free as reported in last week's Counterpoints (p390).

The pastilles are free from artificial additives

and flavourings and are enriched with vitamins A, C and E (rrp \$0.29; introductory offer, \$0.25). **Ernest Jackson & Co Ltd. Tel: 01363 772251.**

St Ives' medicated solution

St Ives is introducing a medicated gel treatment for itchy and flaky scalps (300ml, \$4.95).

The gel contains 2.7 per cent solubilised coal tar blended with

menthol, sage and comfrey to soothe; tea tree oil, panthenol vitamin B complex and keratin amino acids.

St Ives Laboratories Ltd. Tel: 01794 518844.



Clearblue in Seven Seas promo

From the middle of April, consumers purchasing a Clearblue One Step home pregnancy test can claim a free pack of vitamins.

The three Seven Seas' products on offer are Folic Acid plus Vitamin B12 in Fish Oil, Vitamin B Complex with Folic Acid and Calcium Berries with Vitamin D.

To obtain the free

offer, consumers send in their claim form and bar code from special two-test packs of Clearblue One Step, which will be flashed 'Free Seven Seas Vitamins'.

Promotional packs are available from Unipath representatives.

Unipath Ltd. Tel: 01234 267448.

Oruvail pricing

From April 1, the rsp of Oruvail gel (30g) goes up to £3.99, giving a 33.4 per cent net cash profit.

• The company says that its new price offers a net cash profit of 27 per cent more than the leading competitive 30g product. **Rhone-Poulenc Rorer Ltd. Tel: 01323 534000.**

Dialling dentures

Steradent has launched the Steradent Care Line (0800 834606) offering advice and samples.

Reckitt & Colman Products Ltd. Tel: 01482 26151.

Garlic plus from Blackmores

In a new herbal supplement, Blackmores combines garlic with echinacea, a herb said to support the healthy function of the immune and respiratory systems.

Garlix Plus Echinacea contains 200mg of freeze-dried garlic, plus the equivalent of one full gram of echinacea. It retails at \$8.99 for 42 tablets.

Blackmores is also introducing two other additions to its Botanicals range: Bilberry 2500 (rrp \$6.95 for 42 tablets) and Ginkgo Forte 2000 (rrp \$8.99 for 42 tablets).

Bilberry 2500 is recommended for eye strain and originates from research with pilots during the Second World War who were found to have better night vision when bilberry jam was in their diet.

Ginkgo Forte 2000 acts as an antioxidant, supporting healthy circulation.

Blackmores Laboratories Ltd. Tel: 01753 683815.

ON TV NEXT WEEK

Aquafresh Bicarbonate: All areas

Arm & Hammer Baking Soda: All areas except CTV, LWT

Askit Powders: STV, G, C4

Brylcreem: All areas

Colgate Plax: STV, A, M, LWT

Colgate Total: All areas

Dove Bar: All areas

Dove Shower: All areas

Halls Soothers: All areas

Lil-lets applicator: C4

Nicotinell: All areas

Nivea Visage Firming Day Cream: All areas

Nurofen Cold & Flu: All areas

Oral-B: All areas

Radox: All areas

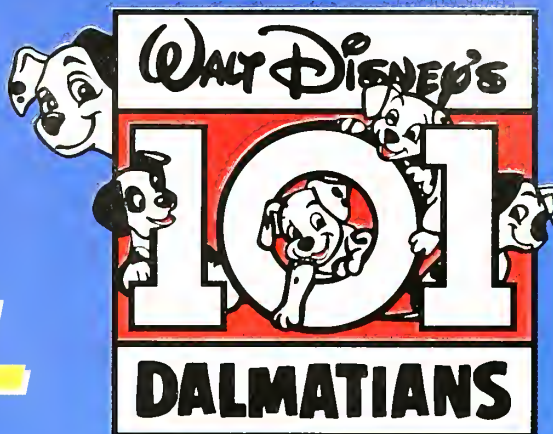
Rap-eze: All areas except CAR

Seven Seas Cod Liver: C4

Strepsils: All areas

GTV Grampian, **B**Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

SPOT THE PROFIT POTENTIAL



The new **Jordan* Magic*** 101 Dalmatians Toothbrush range.

- ★ Launch to co-incide with the re-release in April of one of Disney's top grossing films ever.
- ★ £500K support with advertising, PR and high visibility P.O.S. units.
- ★ Jordan Magic - the first toothbrush to change colour as you brush encourages children to brush for 57% longer.
- ★ Three new designs change colour to reveal paws, Dalmatians spots and dogs.

© DISNEY

Jordan*



No1

in Europe

Jordan Magic* distributed by
Chemist Brokers Ltd, Foodbroker House,
Northarbour Road, North Harbour,
Portsmouth, Hampshire, PO5 3TD.

Telephone: (01705) 219900 Fax: (01705) 219222



**Chemist
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A division of Food Brokers Limited

Council opts for in-house stress scheme

The Royal Pharmaceutical Society's Council has decided to develop its own stress counselling service for pharmacists rather than use an outside professional counselling service.

In 1993, Council approved in principle a proposal, made by Alan Nathan, for a scheme to assist pharmacists under stress. The past 18 months had been spent in planning and recruiting volunteers.

In December 1994, there had been a proposal that the Society should extend to all pharmacists a stress counselling scheme that the National Pharmaceutical Association was considering for its members. Provided by a professional counselling service, it would give nationwide coverage and use trained and experienced counsellors.

The cost to the Society, through its Benevolent Fund, would be about £70,000 a year.

The Society's scheme would initially be unable to cover the more remote areas of Britain, but it would have the advantage of counselling by pharmacists who understood their colleagues' problems. It would be much cheaper because of its use of volunteers and would cost about £15,000 in the first year, this figure increasing as the scheme developed.

When Council considered the choice of scheme at last week's meeting, the secretary and registrar, John Ferguson, said the Benevolent Fund could afford £70,000 a year. The company concerned was a leading one in stress counselling and acted for about 100 companies.

John Carr felt the professional scheme did not offer particularly good value for money and proposed that the Society should proceed with the voluntary one.

Christine Glover reminded members that independent community pharmacists would have access to the professional scheme through the NPA, regardless of Council's decision. Multiples might have their own scheme. She thought that adopting Mr Nathan's scheme would give pharmacists a choice; it did not offer a 24-hour service, but this could be developed.

Hemant Patel appreciated Mr Nathan's efforts, but felt his scheme could not address such a wide variety of problems. Nothing had been done about a scheme for financially distressed pharmacists, for example.

David Allen thought the

profession did not have the necessary skills to solve problems other than those which were pharmacy-work related. Alison Blenkinsopp supported the professional service because it had highly skilled professional counsellors and she had been assured it was value for money.

Mr Nathan was unable to be present for the debate. After a lengthy discussion, Council voted

The Society's stress scheme would have the advantage of counselling by pharmacists

to proceed with his scheme.

Remuneration proposals Council agreed to look into the possibility of using its public relations resources to organise a national campaign, in conjunction with other organisations, against the new remuneration proposals for community pharmacy.

Mr Patel had proposed a campaign, as he was concerned about the erosion of pharmacists' remuneration in recent years. But it was felt inappropriate to launch a campaign while the PSNC and Department of Health were still discussing the proposed remuneration package.

Assistants' training Council agreed that any assistants who, since July 23, 1994, had successfully completed a course of training accepted by the Distributive Occupational Standards Council as providing the necessary underpinning knowledge required for the pharmacy unit of the retail level 2 NVQ, and who were not required to take the multiple choice question paper, would be recognised as meeting the Council's criteria on training. This would also apply to anyone who had started such a course since July 23, 1994, and who successfully completed it. Council will discuss at its April meeting the position of those who completed courses before July, 1994.

Mail order dispensing Council approved a document setting out the Society's position on the mail order supply of prescribed medicines. The document was

produced by a small working group which concluded that mail order dispensing was not likely to prove attractive in Britain as the advantages claimed for it in North America were generally not relevant to the UK. As about 80 per cent of NHS dispensed medicines were supplied without prescription charges, and other patients paid a flat-rate charge, the group thought there was no scope for savings to individual patients.

MCA leaflet Following an approach by the Society, the Medicines Control Agency has amended the wording of a leaflet on medicines control sent to all GP practices and community pharmacies in the UK. The words 'You will see the sales assistant show the medicine to the pharmacist when you buy it' have been omitted.

Standards tribunal The proposed pharmacy standards tribunal is to be debated at Council's April meeting.

FP10 design Council approved a letter to the health minister emphasising the Society's concern about the redesign of the declaration on the FP10 form and about its implementation without reference to the pharmacy profession.

The secretary and registrar had already written to the minister on February 17, supporting the principle of amending the form to reduce the potential for abuse,

whether the signatory was the patient or patient's representative, as it was unlikely that anyone would make a false declaration when a charge had been paid. The letter had also asked for confirmation that pharmacists would not be required to check eligibility for exemption.

The Practice Committee recommended that a letter be sent to the minister emphasising the Society's concerns and asking for direct replies to the previous letter.

New drug testing scheme Council welcomed in principle a draft proposal from the Department of Health for a revision to the NHS drug testing scheme. The proposed arrangements recognise the Society's Code of Ethics as setting the standards for pharmaceutical services and would continue to use the Society's inspectors in order to monitor standards.

The Society's inspectors would have a quality assurance function, visually checking dispensed items awaiting collection. The current system would be discontinued as a routine procedure. A sample would be taken only if the inspector had reason to believe there was a problem, such as a dispensing error, the supply of the wrong quantity, a labelling error or a quality issue.

Council would need to consider the detailed proposals before they were implemented, preferably at the April meeting.

Continuing education Council welcomed in principle a continuing education strategy document for NHS pharmacists in England produced by the Steering Committee on Pharmacy Postgraduate Education. A final response will be produced later in the spring after the Society's various practice group committees have studied the document and after Council has debated its future policy on continuing education.

Primary care in London On March 31, the leader of the primary care support force for London is to discuss with representatives of the Society the ways pharmacists can contribute to professional developments in the London Implementation Zone and the resources that may be available. **Pharmacists in health authority work** Council agreed that the NHS Executive should be asked to put a section on 'Professional input from pharmacists' in its draft guidelines on professional involvement in the work of the new unitary health authorities.

Mail order dispensing: there was no scope for savings to individual patients in the UK

but making it clear that the proposed redesign would introduce many practical difficulties. Mr Ferguson's letter had suggested that the form should have two separate places for signature, one of which would be a declaration that charges had been paid. A person signing there would not have to read the remaining complicated text and there would be no need to identify

BE PREPARED



The new UK Amendment Regulations (1992) implementing the European Directive 92/27/EEC is a time bomb waiting to go off. **Be Prepared.**

New licenced products and those requiring licence renewal since 1 January 1994 must comply with the European Directive 92/27/EEC on labelling and patient information leaflets.

- All Lennon calendar packs already contain a patient information leaflet.
- Lennon Pharmaceuticals aim to provide a 97.5% service level.
- Lennon calendar packs avoid the need to count tablets or cut up blister packs.

Lennon Pharmaceuticals introduce a range of quality generic medicines supplied in suitably labelled calendar packs containing patient information leaflets.

The range is competitively priced and available from appointed wholesalers nationally.

The range meets the needs of today's pharmacist. Dispensing them saves time, avoids confusion and helps keep your patients happy.

For a booklet explaining the EC Directive call our Pharmacy Helpline on **01484 608886**.

LENNON

PHARMACEUTICALS

BECAUSE YOUR TIME IS INDISPENSABLE

Med-Pharm 95

Med-Pharm 95, held at Olympia last weekend, attracted pharmacists and GPs in roughly equal numbers. Organisers put total attendance at over 2,000.

The two-day conference and exhibition offered CPPE workshops for 30-40 pharma-

cists, as well as PGEA accredited sessions, attended by 200-350 GPs and pharmacists, and 40 exhibition stands. Pharmaceutical companies, such as Glaxo, Astra and Smithkline Beecham, exhibited alongside the Royal Pharmaceutical

Society of Great Britain, the Health Education Authority and the Clinic of Dr Sukhanov of St Petersburg.

Conference organisers say 700 people registered for the exhibition alone, and that exhibitors were impressed with the quality of visitors.



Emma Sharp, product manager for Tagamet 100, pictured with Marco Musetti, a member of the new pharmacy support team. The 16-strong salesforce was set up by Smithkline Beecham five weeks ago, and is in addition to the consumer salesforce. It is dedicated to the promotion of SB's POM to P products



Roger Odd (right), head of practice at the Royal Pharmaceutical Society, discusses the latest issue of *Hospital Pharmacist* with locum pharmacist Peter Homan



Tony Hampson, managing director of Potter's Herbal Medicines, was delighted with the interest in licensed herbal medicines shown by GPs



Pharmacists and GPs were able to see for themselves the electronic bar code prescriptions currently on trial in Otley, West Yorkshire, and Wymondham, Norfolk. Visitors to the NHS Executive stand could scan the two-dimensional bar code with a hand-held scanner and read the information off a computer screen. A report on the trial, involving three general practices and five community pharmacies, should be available in April

Presentation:

Movelat Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph Eur. 2.0% w/w in a white vanishing-cream base. Movelat Gel contains the same active constituent in a colourless gel base.

Indications:

Movelat is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of pain in musculo-skeletal conditions including sprains and strains.

Dosage:

Adults, the elderly and children over 12 years: Movelat Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily.

Contra-indications:

Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes.

Precautions:

For external use only. Not to be used during the first trimester or during late pregnancy.

Side-effects:

Allergic skin reactions may occur in individuals sensitive to salicylates.

Legal Category: P. Pack Details:

Movelat Cream (PL 8265/0008), Movelat Gel (PL 8265/0009): Trade Price: £4.14, Retail Price: £7.30 per 100g tube. Full prescribing information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP.

Date of Preparation:

March 1995.



SANKYO GROUP

Watch Move! Move!

Move! is the No.1 prescription topical for osteoarthritis. Trusted by doctors, and used by millions of arthritis sufferers across Britain. Now we're giving Move! a unique place in the topical analgesic market - as the only OTC topical specifically indicated for the relief of mild to moderate arthritis. Just look what Move! now offers you and your customers:

- **The topical trusted by more doctors.**
- **P classification**
- **Unique "mild to moderate arthritic pain" indication.**
- **£2m national TV and extensive national press advertising.**
- **Full pharmacy support programme.**
- **Move! makes money:
RRP £7.30
POR 33%**



Move!®
For the relief of mild to moderate
arthritic pain

All the fun of the Pharmacy Fair

Harrogate PHARMACY Fair

A wide range of pharmacy products and services — both old and new — will be on display at this year's Harrogate Pharmacy Fair on Sunday, March 26

The combination of OTC, ethical, cosmetics, toiletries, computer systems and shop fitting companies at this year's Pharmacy Fair looks like a good source of ideas for anyone planning on enhancing their pharmacy.

Whether you're interested in new products, new services or just updating yourself on latest introductions to the market, Harrogate has something to offer everyone.

WHAT'S NEW?

Danta Products, exhibiting on Doncaster Pharmaceuticals' stand, will be featuring Start A Fresh, a new product designed to hit two markets in one — sanpro and incontinence.

Start A Fresh is a pack which contains a pair of disposable briefs, towel, tampon, feminine

wipe, hand and face refreshing tissue, and a sealable sachet. With an rrp of \$1.65, Terry Giles, Danta's managing director, believes the product offers a clear margin for the retailer — "a small box with a massive market". A variety of point of sale units is available.

Santo Products on stand B9 will be exhibiting a number of new items from PW Products. These include Pretty Quik, a nail varnish remover dip; and Nail-the-Habit, a nail-biting deterrent. Both products use an impregnated sponge device to impart the appropriate formula to the finger. Special introductory trade offers will be available.

A new range of novel skin care products will be on display from Diana Drummond of Argyll in Scotland. They are seaweed-based and "combine the original, traditional skills with modern technology", says the company. The line includes a moisturiser, shampoos and conditioners.

The company will also be showing Moskitox, a liquid insect repellent which it says is "a tried and tested formulation against the curse of all outdoor folk, the Scottish midge".

Continuing the natural theme,

Blackmores (stand B5) will be exhibiting its extensive range of natural beauty products. Blackmores does not use petrochemical derivatives, preferring to use vegetable oils, such as jojoba, almond and apricot, instead. The company also says it uses effective levels of pure herbal extracts, rather than just trace amounts.

One of the bigger boys of the cosmetics industry, Henkel Cosmetics, is putting in an appearance at the show. It will be exhibiting its portfolio of brands, with exclusive promotional offers on all of them at the Fair. Its major offerings include Silkience, Theramed, Aapri, Nulon, Poly Style and Adorn.

Aromatherapy Products (Tisserand) — stand C14 — is launching several new products: Moist Tissues in Tea Tree and Kanuka, and Lavender and Blue Mountain Sage, which are ideal for travellers; a new soap in May Chang and Passion Flower; and Mini-Packs, again an idea for travellers as they comprise three small vials of essential oils specially grouped to work together to create a desired effect.

The company will be offering a 10 per cent discount to all new customers at the Fair and, as an incentive to purchase, will give 10 per cent discount to all existing customers who order these new items.

In beauty accessories, you will find Claydon Creations exhibiting on stand B6. It will be highlighting its new Charisma and Shimmers fashion hair products, as well as the Elliot & Ashcroft toiletry bag range, Giggles young hair fun, Serenade functional ranges and Cloud Nine 50p brush deals.

COMPUTERS

Among the computer companies exhibiting are Chemtec Systems and Pace Beta.

Chemtec Systems will be demonstrating its PMR, Endorsing and EPoS systems exclusively for pharmacy.

Pace Beta will be showing a

data security system on stand C10B, which has twin removable hard disks to provide better back-up for PMR systems.

MEDICAL MATTERS

Many medical companies will be at the show, Torbet Laboratories will be exhibiting its range of OTC medicines, including its recently-acquired Anethaine Cream, Moorland Antacid Tablets, Junior KAO-C Diarrhoea Suspension, and Dentogen Gel and Oil for the relief of toothache.

Also on show will be the repacked Birley's Antacid Powder. Torbet will be promoting Buz-Pel natural insect repellent wipes. The company says special discounts will be available on its products.

Harrogate happenings

If you're going to Harrogate for the weekend, or the rest of the family doesn't want to accompany you around the exhibition floor, then there's plenty in the Victorian spa town to keep them amused.

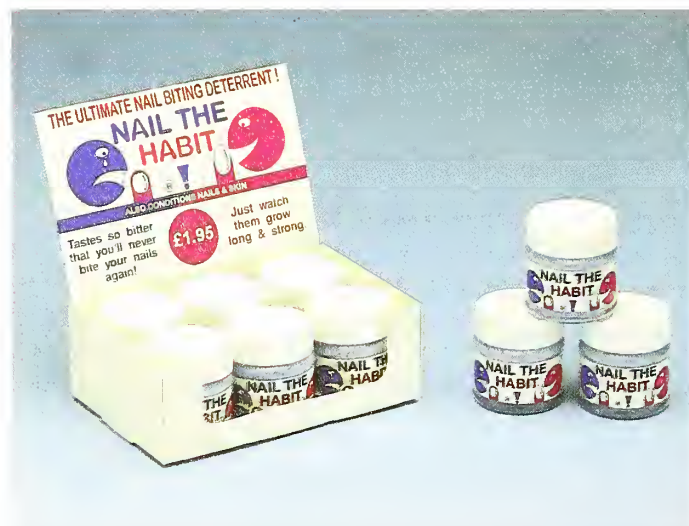
● Over the weekend, the Northern International Antiques & Collectors Fair takes place at the Yorkshire Showground, Hookstone Oval in Harrogate. Tickets: Saturday and Sunday, £2.50.

● For the family, Harewood House — famous for its grounds and bird garden — opens for the 1995 season on Saturday, March 25. For further details and opening times call 01532 886331.

● For art lovers, there is a 'Still life and interiors' exhibition at the Chantry House Gallery, Main Street, Ripley, Nr Harrogate. For details call 01423 771011.

● For bookworms, there is a book fair taking place on Sunday at the Harrogate Leisure Centre, Beech Avenue, off Leeds Road, Harrogate, specialising in out of print, antiquarian and second-hand books. Entrance fee: £0.40. For further details call 01532 667834.

● There is also a Family Funday Concert with 'Travelling with Tuba' at the Fairfax Community Centre. For further details call 01423 883614.



Nail-the-Habit — a nail-biting deterrent on Santo Products' stand

Clockwork Lemon?

Regular customers know all about the benefits of Fybogel Orange, and now new Fybogel Lemon will give them another reason to keep coming back to your pharmacy.

In competitive taste tests, the new lemon flavour proved to be the most popular alternative to the favourite, Fybogel Orange. And with their bright new OTC packaging, both flavours are bound to appeal to the eye as well as the tastebuds.



With a choice of delicious flavours, Britain's favourite fibre drink is going to gain even more regular customers.

Which is sure to keep your turnover regular, too.



Fybogel
ORANGE OR LEMON
Ispaghula Husk BP
Regular as clockwork



Fybogel Pharmacy Prescribing Information

Indications: Conditions requiring a high-fibre regimen, eg relief of constipation and maintenance of regularity. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony. Each sachet contains

3.5g Ispaghula husk BP and also contains aspartame. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **RSP Price:** At March 95 10 Sachets £1.38. **PL No.:** Fybogel 0044/0141, Fybogel Orange 0044/0068, Fybogel Lemon 0044/0117. Reckitt & Colman Products Ltd, Hull, HUS TDS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Date of preparation 01/03/95.



Reckitt & Colman Products Limited



Welcome

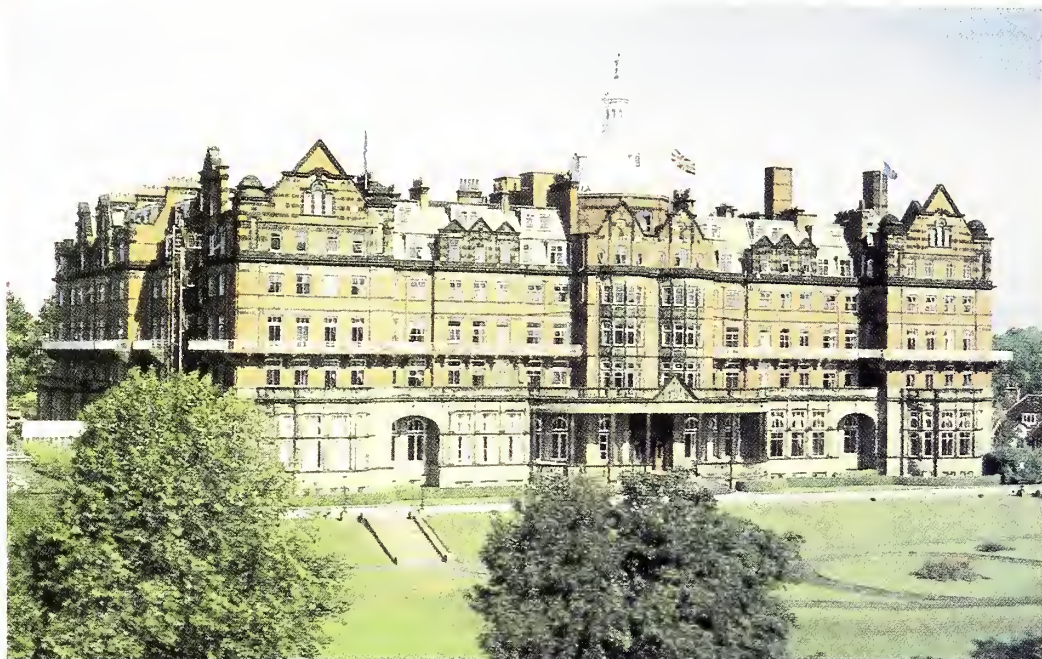
It is my pleasure to extend a warm welcome to all at the Harrogate Pharmacy Fair.

Apart from the opportunity to visit this beautiful spa town steeped in local history, you will also be able to meet and be welcomed by exhibitors from all aspects of the health and beauty industry.

For your enjoyment in this relaxed atmosphere, refreshments will be available in the hotel complex throughout the day.

I am confident that you will see in the Harrogate Pharmacy Fair a wealth of new business opportunities and, on behalf of MGB Exhibitions, I hope your visit is pleasurable, successful and profitable.

Maurice Hoare
Exhibition organiser



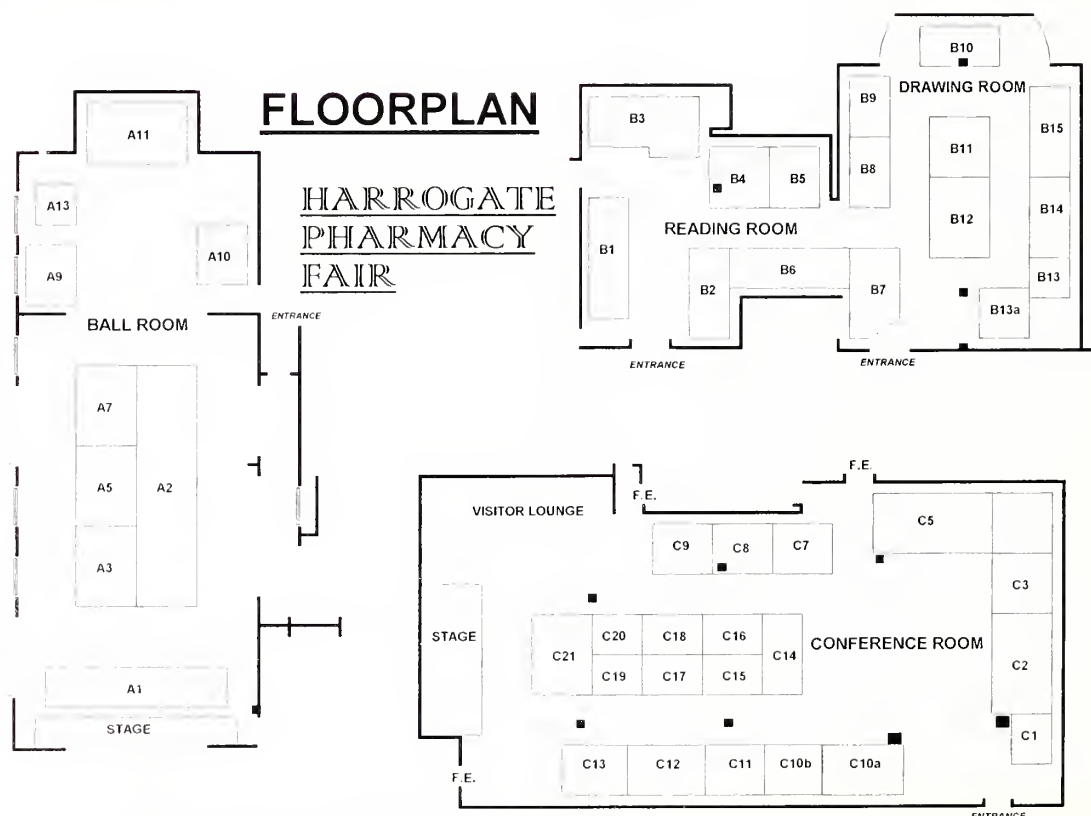
The imposing facade of the Majestic Hotel, Harrogate, venue for this year's Pharmacy Fair

EXHIBITORS BY STAND NUMBER

A1	Collection 2000	B8	Grafton International	C9	Channel Pharmacy Systems
A2	APS/Berk	B9	Santo Products	C10A	Bard
A3	Seton Healthcare Group	B10	DePuy Healthcare	C10B	Pharmaceutical Computer Systems
A5	Ultralite UK	B11	Wilkinson Sword	C11	East of Eden International
A7	Nutricia Dietary Products	B12	Henkel Cosmetics	C12	Desert Essence
A9	Sterwin Medicines	B13	Les Floralties	C14	Aromatherapy Products (Tisserand)
A10	Medisport	B13A	Chemtec Systems	C15	Diana Drummond Skin Care Collection
A11	Hadley Hutt Computing	B14	Surgichem	C16	Ark & Co
A13	Jones Packaging	B15	Doncaster Pharmaceuticals	C17	Aqua Oleum
B1	Evans Medical	C1	Torbet Laboratories	C18	Sunstoppers
B2	Positive Solutions	C2	Community Pharmacy/Beauty Counter	C19	Pieters Verpakking
B3	Chemist & Druggist	C3	PPA	C20	Riemann UK
B4	White Rose Pharmaceuticals	C5	Photo-Me International	C21	Fotostop Express
B5	Blackmores	C7	Bioforce (UK)		
B6	Claydon Creations	C8	Paul Murray		
B7	Bauerfeind UK				

FLOORPLAN

HARROGATE PHARMACY FAIR



REST ASSURED, IT'S CALPOL

Paracetamol



When a mother comes to you when her baby has a cold, fever, headache or toothache, you can recommend with confidence the rapid relief and effectiveness of Calpol Infant Suspension. Calpol Infant Suspension is the gold standard junior analgesic – a product with a heritage and reputation second to none,

and available over the counter only in pharmacies.

And because new babies are coming into the world all the time, Warner Wellcome are advertising Calpol Infant Suspension to their mums – so they will also know about it and where to obtain it, along with your advice.

Essential information. Presentation Each 5ml of Calpol Infant Suspension, Calpol Sugar Free Infant Suspension, Calpol Paediatric and Calpol Paediatric Sugar Free contains 120mg Paracetamol BP. Calpol Six Plus Suspension contains 250mg Paracetamol BP in each 5ml. Uses For the relief of pain (including teething pain) and feverishness. Dosage and administration Calpol Infant Suspension, Calpol Sugar Free Infant Suspension, Calpol Paediatric and Calpol Paediatric Sugar Free: Infants under 3 months: 2.5ml for babies developing a fever following vaccination at 2 months; in other cases to be used only under medical supervision; children 3-12 months: 2.5-5ml four times daily; Children 1-6 years: 5-10ml four times daily. Calpol Six Plus Suspension: Children 3 months to 6 years: Calpol Infant Suspension is recommended; 6-12 years: 5-10ml four times daily; Adults, and children over 12 years: 10-20ml four times daily. In all cases: Not more than 4 doses should be administered in any 24 hour period. Do not repeat doses more frequently than 4-hourly. Contra-indications, warnings, etc, Contra-indications: Known hypersensitivity to paracetamol. Precautions: To be used with caution in the presence of renal or hepatic dysfunction. Side and adverse effects: Side-effects are mild and infrequent. Adverse reactions are rare and generally associated with overdosage. Allergic reactions such as skin rash occasionally occur, and isolated cases of blood disorders have been recorded. Chronic/long-term use of paracetamol has rarely been associated with nephrotoxicity. Overdosage may cause hepatic necrosis. Costs: Calpol Infant Suspension: 70ml £1.45, 140ml £2.66. (PL3/5067). Calpol Sugar Free Infant Suspension: 140ml £2.66. (PL3/0244). Calpol Paediatric: 1 litre £4.32. (PL3/0334). Calpol Paediatric Sugar Free: 1 litre £4.32 PL3/0335). Calpol Six Plus Suspension: 100ml £2.69. (PL3/0182). Legal Category: P. Further information is available on request. Warner Wellcome Consumer Healthcare, Medical Affairs, Building 29, Temple Hill, Dartford DA1 5AH.. Date of Preparation: 1st November 1994. Calpol is a trademark.

Warner Wellcome

CONSUMER HEALTHCARE

General information

Show hours: Sunday, March 26, 10.00am to 5.00pm.

Admission: Admission to the Harrogate Pharmacy Fair is restricted to professional and trade buyers only. Entrance will be free, and each visitor will receive a copy of the Show Guide.

Catering facilities: There are various catering outlets within the exhibition hall where refreshments and meals can be obtained.

Hotel accommodation: Special arrangements have been made with the Majestic Hotel for overnight accommodation.

The organiser's office is located off the main entrance. Canvassing for orders by unauthorised persons is strictly prohibited. The display or distribution of printed matter or any articles by exhibitors, apart from within the confines of their own stands, is prohibited.

Organiser: MGB Exhibitions Ltd, Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET.
Tel: 0181 302 8585.
Fax: 0181 302 7205.

EXHIBITORS BY ALPHABETICAL ORDER

APS/Berk	A2
Aqua Oleum	C17
Ark & Co	C16
Aromatherapy Products (Tisserand)	C14
Bard	C10A
Bauerfeind UK	B7
Bioforce (UK)	C7
Blackmores	B5
Channel Pharmacy Systems	C9
Chemist & Druggist	B3
Chemtec Systems	B13A
Claydon Creations	B6
Collection 2000	A1
Community Pharmacy/Beauty Counter	C2
DePuy Healthcare	B10
Desert Essence	C12
Diana Drummond Skin Care Collection	C15
Doncaster Pharmaceuticals	B15
East of Eden International	C11
Evans Medical	B1
Fotostop Express	C21
Grafton International	B8
Hadley Hutt Computing	A11
Henkel Cosmetics	B12
Jones Packaging	A13
Les Florales	B13
Medisport	A10
Nutricia Dietary Products	A7
Paul Murray	C8
Pharmaceutical Computer Systems	C10B
Photo-Me International	C5
Pieters Verpakking	C19
Positive Solutions	B2
PPA	C3
Riemann UK	C20
Santo Products	B9
Seton Healthcare Group	A3
Sterwin Medicines	A9
Sunstoppers	C18
Surgichem	B14
Torbet Laboratories	C1
Ultralite UK	A5
White Rose Pharmaceuticals	B4
Wilkinson Sword	B11

EXHIBITORS' LIST

APS/Berk
Leeds Business Park,
18 Bruntcliffe Way,
Morley, Leeds LS27 0JG
Tel: 01532 380099
Fax: 01532 381800

Stand no A2

Visit us on Stand A2 and take advantage of our special show promotions plus the chance to win a £500 food hamper.

Aqua Oleum
Unit 3, Lower Wharf,
Wallbridge, Stroud,
Glos GL5 3JA
Tel: 01453 753555
Fax: 01453 752179

Stand no C17

Aqua Oleum are major importers and suppliers of pure essential oils. Our essential oil catalogue, lavishly illustrated and containing previously unpublished material, is available from our stand or, alternatively, by post.

Ark & Co
51 Hardy Road,
Wimbledon,
London SW19 1JA
Tel: 0171 987 1881
Fax: 0171 228 1856

Stand no C16

Quality reading glasses of six styles, nine strengths, retail at £4.99. For this exhibition only \$20 bonus stock. Starter pack \$90 with a 70 per cent mark-up. Rotating stand supplied for easy selection. Supplied solely to pharmacies and no minimum re-order.

Aromatherapy Products (Tisserand)
Newton Road,
Hove, E Sussex BN3 7BA
Tel: 01273 325666
Fax: 01273 208444

Stand no C14

Tisserand Aromatherapy — a brand leader in the aromatherapy field. Pure essential oils, vegetable oils, blended oils and lotions, soaps, shower gels and bath products, full hair care range, natural antiseptic products, books and assorted oil diffusers ... and lots more!

Product launch.

Bard
Forest House,

Brighton Road,
Crawley,
W Sussex RH11 9BP
Tel: 01293 527888
Fax: 01293 552428

Stand no C10A

The Bard Continence Care System on display includes a range of leg bags, bed bags, penile sheaths and Foley catheters, all with an emphasis on ease of use, reliability and patient comfort.

Bauerfeind UK
Unit 2,
The Royston Centre,
Lynchford Road,
Ash Vale, Aldershot,
Hampshire GU12 5PQ
Tel: 01252 376464
Fax: 01252 376467

Stand no B7

The pharmacy-exclusive range of Act joint supports will be on promotion at Harrogate. Pharmacists are invited to come along to see the supports, described as "the Rolls-Royce of the market" in an independent survey.

Bioforce (UK)
Olympic Business Park,
Tundonald,
Ayrshire KA2 9BE
Tel: 01563 851177
Fax: 01563 851173

Stand no C7

Fresh herbal tinctures from Switzerland are the main feature on the Bioforce stand, with Echinaforce and Gingko biloba the two best sellers. Tinctures are Europe's big sellers and a campaign in pharmacies will firmly establish tinctures in the UK this year.

Blackmores
Unit 7, Poyle Tech Centre,
Willow Road, Poyle,
Colnbrook, Bucks SL3 0PD
Tel: 01753 683815
Fax: 01753 684663

Stand no B5

Blackmores is Australia's leading producer of high-quality, natural, cruelty-free, health and beauty products. This exquisite range is made to the highest standard of manufacturing

(PICGMP), has never been tested on animals and is now available to UK pharmacists.

Channel Business Systems
Bolney Grange,
Stairbridge Lane,
Bolney,
W Sussex RH17 5PA
Tel: 01444 235236
Fax: 01444 244182

Stand no C9

Charm for pharmacy covering all aspects of dispensary, OTC, EPoS and stock/financial management will be on show. The new low-cost PC-based terminal from IPC makes EPoS systems even more affordable. Systems start from £1,995.

Product launch.

Chemist & Druggist Benn Publications
Sovereign Way,
Tonbridge,
Kent TN9 1RW
Tel: 01732 364422
Fax: 01732 361534

Stand No B3

C&D is the market leading title for retail pharmacists and the official sponsor of Harrogate Pharmacy Fair. The editorial and advertising teams look forward to your visit to the C&D stand.

Chemtec Systems
The Old Police Station,
Golden Hill,
Leyland, Lancs RR5 2NN
Tel: 01772 622839
Fax: 01772 622879

Stand no B13A

Chemtec Systems presents the very best in PMR, endorsing, EPoS and multi-user networks. All at a price anyone can afford. Come and see for yourself and be prepared to be amazed.

Claydon Creations
Charisma House,
18 First Avenue,
Bluebridge Industrial Estate, Halstead,
Essex CO9 2EX
Tel: 01787 472939
Fax: 01787 473465

Stand no B6

See the new Charisma

NEW CALPOL COLOUR/SUGAR FREE

Paracetamol

FOR THE OVER-SIXES



Calpol for the over-sixes – Calpol Six Plus – is now available in both original and a colour/sugar free formulation that has a new strawberry flavour to make it even more acceptable to children.

So when colds, feverishness, earache, toothache or headache in her child brings

a mother to your pharmacy, you can recommend Calpol Six Plus with even more confidence. And because every year the under – fives become the over-sixes, Warner Wellcome is advertising Calpol Six Plus to their mums, and its availability over the counter only in pharmacies.

Essential information. Presentation Each 5ml of Calpol Infant Suspension, Calpol Sugar Free Infant Suspension, Calpol Paediatric and Calpol Paediatric Sugar Free contains 120mg Paracetamol BP. Calpol Six Plus Suspension contains 250mg Paracetamol BP in each 5ml. Uses For the relief of pain (including teething pain) and feverishness. Dosage and administration Calpol Infant Suspension, Calpol Sugar Free Infant Suspension, Calpol Paediatric and Calpol Paediatric Sugar Free: Infants under 3 months: 2.5ml for babies developing a fever following vaccination at 2 months; in other cases to be used only under medical supervision; children 3-12 months: 2.5-5ml four times daily; Children 1-6 years: 5-10ml four times daily. Calpol Six Plus Suspension: Children 3 months to 6 years: Calpol Infant Suspension is recommended; 6-12 years: 5-10ml four times daily; Adults, and children over 12 years: 10-20ml four times daily. In all cases: Not more than 4 doses should be administered in any 24 hour period. Do not repeat doses more frequently than 4-hourly. Contra-indications, warnings, etc, Contra-indications: Known hypersensitivity to paracetamol. Precautions: To be used with caution in the presence of renal or hepatic dysfunction. Side and adverse effects: Side-effects are mild and infrequent. Adverse reactions are rare and generally associated with overdosage. Allergic reactions such as skin rash occasionally occur, and isolated cases of blood disorders have been recorded. Chronic/long-term use of paracetamol has rarely been associated with nephrotoxicity. Overdosage may cause hepatic necrosis. Costs: Calpol Infant Suspension: 70ml £1.45, 140ml £2.66. (PL3/5067). Calpol Sugar Free Infant Suspension: 140ml £2.66. (PL3/0244). Calpol Paediatric: 1 litre £4.32. (PL3/0334). Calpol Paediatric Sugar Free: 1 litre £4.32 PL3/0335). Calpol Six Plus Suspension: 100ml £2.69. (PL3/0182). Legal Category: P. Further information is available on request. Warner Wellcome Consumer Healthcare, Medical Affairs, Building 29, Temple Hill, Dartford DA1 5AH.

Date of Preparation: 1st November 1994. Calpol is a trademark.

Warner Wellcome
CONSUMER HEALTHCARE

and Shimmers 'Coco-Beach' nickel reduced jewellery and fashion hair accessories, Cloud Nine 50p hairbrush deals, new Elliot & Ashcroft toiletry bag collection, Serenade functional hair accessories, Ultracare manicure, Bar coded, pre-priced, regular representative service.

Collection 2000
7a London Road,
Sevenoaks,
Kent TN13 1AH
Tel: 01732 453213
Fax: 01732 460102

Stand no A1

Collection 2000 is now one of the fastest-growing brands in the UK (Nielsen, Dec '94). Re-formulated for 1995, products will soon include vitamins, moisturisers and sunscreens. We offer a minimum 40 per cent margin and generous trade incentives for new stockists.

Community Pharmacy/Beauty Counter
8th Floor, Ludgate House,
245 Blackfriars Road,
London SE1 9UR
Tel: 0171 334 7334
Fax 0171 928 3123

Stand no C2

DePuy Healthcare
Millshaw House,
Mano Mill Lane,
Leeds LS11 8LQ
Tel: 01532 706000
Fax: 01532 709599

Stand no B10

Desert Essence
9510 Vassar Street,
Chatsworth,
California 91311, USA
Tel: 818 709 8525
Fax: 818 709 5900

Stand no C12

Diana Drummond Skin Care Collection
Cruachmohor,
Loch Winnoch Road,
Kilmacoll,
Renfrewshire PA13 4DZ
Tel: 01505 873263

Stand no C15

The Diana Drummond Skin Care Collection is a traditional range of cruelty-free, exclusive cosmetics,

seaweed-based and blended in Scotland. Included are natural skin preparations and shampoos with a conditioner. The insect repellent is effective against midges and mosquitoes.

Product launch.

Doncaster Pharmaceuticals
6 Kirk Sandall Industrial Estate,
Kirk Sandall,
Doncaster DN3 1QR
Tel: 01302 886031
Fax: 01302 890013

Stand no B15

Doncaster offer 17 years' experience — in-house labelling — two pharmacists — generics, Pls and perfumes — competitive prices — daily deliveries — full liability insurance — all combined to give you quality, service and peace of mind. Freefone 0800 591769. Can you afford to settle for less?

Product launch.

East of Eden International
The Old Mill,
Chappel Street,
Manchester M19 3PT
Tel: 0161 224 3271

Stand no C11

Evans Medical
Evans House,
Regents Park,
Kingston Road,
Leatherhead,
Surrey KT22 7PQ
Tel: 01372 364000
Fax: 01372 364018

Stand no B1

Fotostop Express
Fotostop House,
Fallsbrook Road,
London SW16 6DY
Tel: 0181 769 5252
Fax: 0181 769 4739

Stand no C21

Fotostop Express is presenting its highly-successful, one-hour Photo Service Business format. The shop-within-shop look has been tailored especially for busy pharmacists.

Grafton International
5-12 Birchbrook Road,
Shenstone,

Staffs WS14 0DJ
Tel: 01543 480100
Fax: 01543 480201

Stand no B8

Rembrandt Whitening Toothpaste has been a great success for thousands of pharmacies during the last year. Are you one of them? Existing and new stockists should visit us to hear of the latest developments.

Product launch.

Hadley Hutt Computing
George Bayliss Road,
Droitwich,
Worcs WR9 9RD
Tel: 01905 795335
Fax: 01905 795345

Stand no A11

Hadley Hutt Computing are exhibiting their patient medication record system, PILLS, and their EPoS system, POSHH Checkout. Both PILLS and POSHH Checkout are NPA-promoted products and provide the pharmacist with professional and profitable solutions.

Henkel Cosmetics
Henkel House,
292-308 Southbury Road,
Enfield,
Middlesex EN1 9TS
Tel: 0181 804 3343
Fax: 0181 443 4392

Stand no B12

Les Florales
The Granary House,
Westbury Farm,
Ashell,
Herts SG7 5PJ
Tel: 01462 762825
Fax: 01462 743065

Stand no B13

Toiletries for men and women, decorative room fragrances packaged to encapsulate the very essence of nature. A new, stunning metallic, silver-packaged range is being launched at this Fair.

Product launch.

Jones Packaging
Cardiff Industrial Park,
Llanishen,
Cardiff CF4 5WF
Tel: 01222 747700
Fax: 01222 747676

Stand no A13

Printed paper and polythene bags for the independent pharmacy are our speciality. Our team of consultants will be available to advise you on the best way to advertise your goods and services on a wide range of bags and carriers.

Medisport
Medisport House,
Petersfield Business Park,
Petersfield,
Hants GU32 3QA
Tel: 01730 231132

Stand no A10

Medisport International are suppliers of a comprehensive range of both sports injury/prevention products to promote physical fitness and prevent injury and accelerate rehabilitation.

Nutricia Dietary Products
Newmarket Avenue,
White Horse Business Park,
Trowbridge,
Wilts BA14 0XQ
Tel: 01225 771735
Fax: 01225 76884

Stand no A7

Paul Murray
School Lane,
Chandlers Ford,
Hants SO5 34YN
Tel: 01703 268444
Fax: 01703 261946

Stand no C8

Paul Murray will be exhibiting eight of their own brands which are leading the way in pharmacy today. Headgirl, Murrays Manicure, Clio Cosmetic Bags, Junior Macare, Safe & Sound, Meridiana, West Point, Sunsetters.

Pharmaceutical Computer Systems
37 Stamford New Road,
Altrincham,
Cheshire WA14 1EB
Tel: 0161 941 7011
Fax: 0161 941 5305

Stand no C10B

The exhibit will feature PACE Beta Computer Systems which are powerful, fast, versatile, compact and easy to use, even by part-time and

locum staff. They provide excellent security for your data, are of unbeatable value and extremely dependable.

Photo-Me International
Church Road,
Bookham,
Surrey KT23 3EU
Tel: 01372 453399
Fax: 01372 459064

Stand no C5

Photo-Me develops business for pharmacists with instant passport-approved ID photographs from the world-famous Photo-Me booth (profit share scheme means no outlay or running costs). Plus a 30-minute D&P service with the low-cost, fully-automated Imager microlab.

Pieters Verpakking
PO Box 207,
4940 Ae,
Raamsdonksveer,
Netherlands
Tel: 31 1621 14904
Fax: 31 1621 22571

Stand no C19

Do you prefer to place one empty capsule a hundred times ... or one hundred at a time? A most simple manoeuvre: in a few seconds empty capsules which are arranged in cards are pushed into a filling device.

Product launch.

Positive Solutions
St Benedict House,
Brown Lane,
Bamber Bridge,
Preston, Lancs PR5 6BR
Tel: 01772 620516
Fax: 01772 629736

Stand no B2

Positive Solutions (JRCpos), formerly a subsidiary of John Richardson Computers, became independent in August, 1993 to expand development resources dedicated to providing one of the best EPoS systems on the market, JRCpos. We are unveiling our new Version 4.1 at the Harrogate Pharmacy Fair.

Product launch.

The Prescription Pricing

Model Standards for Self Audit in Community Pharmacy in England

Designed as an aid for self audit, these model standards take the hard work out of audit. The standards are examples that you may wish to adopt in your practice or adapt to fit your work. Whether you adopt them or adapt them, they will help you audit your practice and improve the care you give to your patients.

Who has produced them?

- A panel of practising community pharmacists wrote the standards with the University of Keele, Department of Pharmacy Policy and Practice
- They were extensively researched and tested, involving over 100 practising community pharmacists across the country

Benefits to you

- Helps you make a start on audit by listing model standards and criteria that you can adapt for your practice
- Allows you to decide which area of practice to start with
 - Enables you to examine your work without involving expense or outside help
 - Lets you audit as much or as little as you want to

The standards themselves

- Split into nine modules covering different aspects of pharmacy practice from The Dispensing Process to Response to Symptoms
- Each module suggests how to measure your performance against the standard
- Written by community pharmacists for community pharmacists

These are only available to pharmacists in England. There are other audit initiatives in Scotland, Wales and Northern Ireland.

For further details of local initiatives contact David Pruce for England (0171 735 9141), Janice Mason-Duff or Catherine Kelly for Scotland (0131 557 3733 ext.408/9), Sheila Phillips for Wales (01222 874784) or Deirdre Tunney for Northern Ireland (01232 231163).

To obtain your free copy send this form to the address below stating which module you would like to receive. Only one module will be sent at a time. A further order form is included with the module.

ORDER FORM

To: Outset Publishing Ltd, Unit 8, Conqueror Industrial Estate,
Moorhurst Road, St Leonards-on-Sea, East Sussex TN38 9NA

Please send me a copy of Model Standards for Self Audit
in Community Pharmacy for the following topic:-

- | | |
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| 1. The Dispensing Process | <input type="checkbox"/> |
| 2. Written and Verbal Information with Dispensed Medicines | <input type="checkbox"/> |
| 3. Purchasing and Stock Control | <input type="checkbox"/> |
| 4. Guidance for Relief Pharmacists | <input type="checkbox"/> |
| 5. Premises and Equipment | <input type="checkbox"/> |
| 6. General Health Promotion | <input type="checkbox"/> |
| 6a. Health Promotion - Diagnostic Testing/Contraceptive Advice | <input type="checkbox"/> |
| 6b. Health Promotion - Misuse of Drugs | <input type="checkbox"/> |
| 7. Domiciliary Services | <input type="checkbox"/> |
| 8. Residential and Nursing Homes | <input type="checkbox"/> |
| 9. Response to Symptoms | <input type="checkbox"/> |

Please note that only one module can be ordered at a time. Please tick one box only.

Surname

First name(s)

Address

Street

Town

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☐

Tick here if you would be interested to hear about workshops on professional audit in your local area.

EXHIBITORS' LIST

Authority
Scottish Life House,
Archbald Terrace,
Jesmond,
Newcastle-upon-Tyne
NE2 1DB
Tel: 0191 281 0364

Stand no C3

The PPA is a special health authority whose responsibilities include authorising payments to dispensing contractors in England. In 1993/94 the PPA processed over 447 million NHS prescriptions worth over £3.2 billion. The PPA also provides information services related to the prescribing and dispensing of NHS prescriptions.

Riemann UK
26 West Street,
Reigate,
Surrey RH2 9BX
Tel: 01737 242470

Stand C20

Riemann UK are specialists in skin protection products. We will be promoting our high-performance sun filters — Tan Ban and P20 — and our long-lasting insect repellent — Mosquit-ex. Visit our stand to discover a new concept in skin protection.

Santo Products
Standard House,
1-2 Church Way,
Edgware,
Middlesex HA8 9AA
Tel: 0181 381 2536
Fax: 0181 905 6211

Stand no B9

Santo will be introducing new products from the USA and the UK, as well as showing its already successful ranges for oral hygiene, nails, skin and hair. Special deals will be available during the Fair.

Product launch.

Seton Healthcare Group
Tubiton House,
Brook Street,
Oldham,
Lancs OL1 3HS
Tel: 0161 652 2222
Fax: 0161 627 7211

Stand no A3

Sterwin Medicines
1 Onslow Street,

Guildford,
Surrey GU1 4YS
Tel: 01483 505515
Fax: 01483 35432

Stand no A9

Sterwin Medicines generics — some super spring special offers available at Stand A9.

Sunstoppers
49 Pendarves Road,
Camborne,
Cornwall TR14 7QJ
Tel: 01209 713065
Fax: 01209 719993

Stand no C18

Sunstoppers produce superb sunhats for all ages in 100 per cent cotton. Made in England, they are designed to offer your customers protection from the harmful effects of the sun's rays and are an attractive product. Fight skin cancer — stock Sunstoppers!

Surgichem
Surgichem House,
Milton Court,
Horsfield Way,
Bredbury Park Industrial Estate,
Bredbury,
Stockport SK6 2TD
Tel: 0161 406 8710
Fax: 0161 406 8716

Stand no B14

Surgichem is exhibiting its 'Nomad' monitored

dosage system including Medichart, Duo and Q-Stow 4-Tray, as well as the new 'Nomad' CDS system for patients in the community. Also on show will be the 'Littlefoot' Computer and Oxydata, the oxygen/ostomy tracking system.

Torbet Laboratories
Broughton House,
33 Earl Street,
Maidstone,
Kent ME14 1PF
Tel: 01622 762269
Fax: 01622 764046

Stand no C1

Torbet market a range of quality OTC products including Fam-Lax Tablets, Carbellon Tablets, Junior KAO-C Diarrhoea Suspension, Moorland Antacid Tablets and Anethame Soothing Cream. Special discounts are available on some products. Come and see us on our stand.

Ultralite UK
54 Granville Road,
Sevenoaks,
Kent TN13 1HA
Tel: 0585 543374

Stand no A5

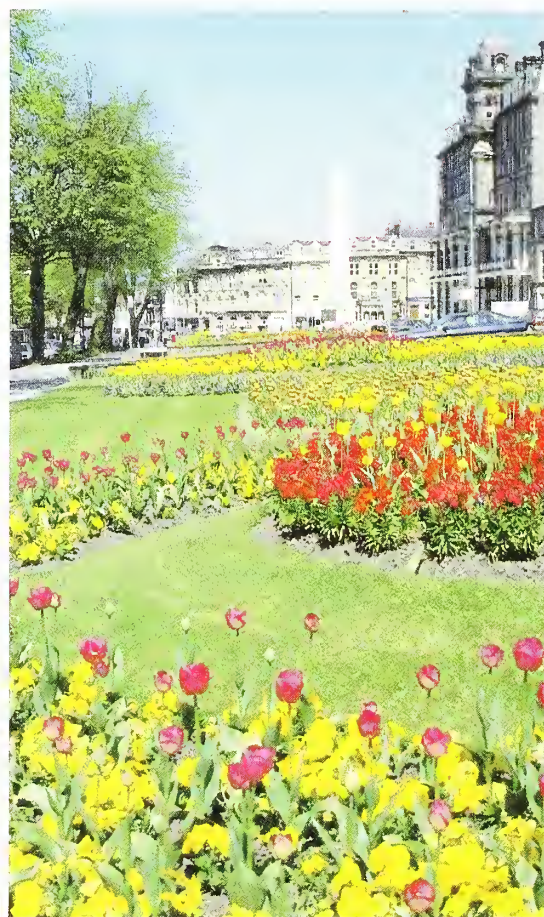
White Rose Pharmaceuticals
Common Road,
Dunnington,
York YO1 5RU
Tel: 01904 488110
Fax: 01904 488208

Stand no B4

Nationwide suppliers of generics, new concept generics and parallel imported drugs. We offer very competitive pyrices and a 24-hour delivery service.

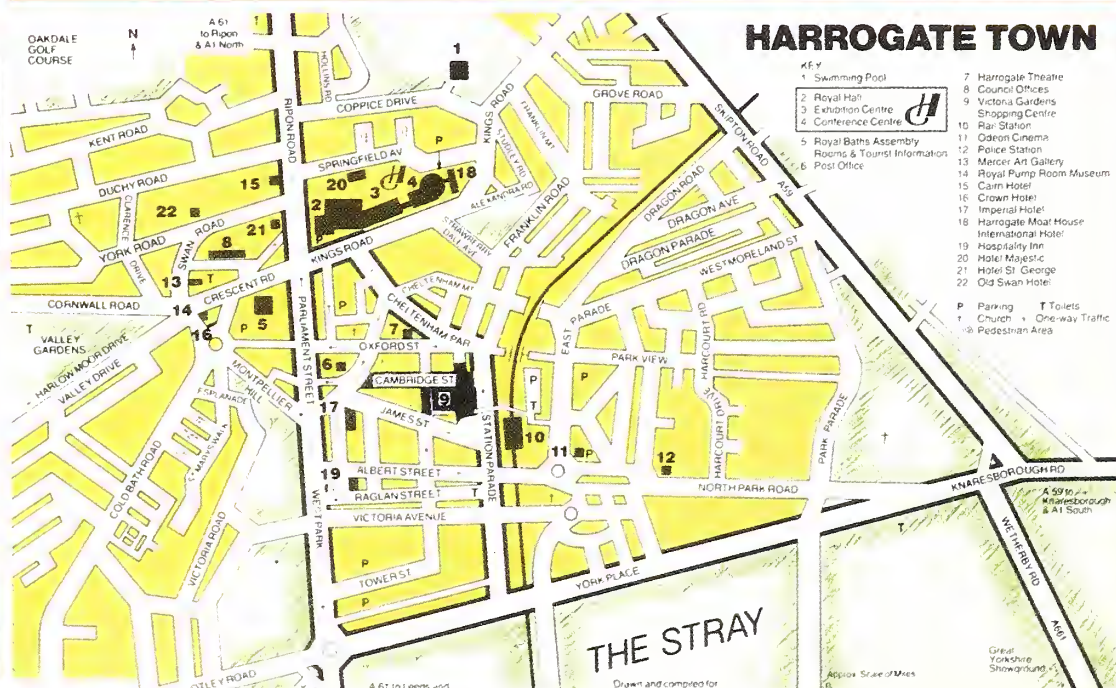
Wilkinson Sword
Sword House,
Totteridge Road,
High Wycombe,
Bucks HP13 6EJ
Tel: 01494 533300
Fax: 01494 533977

Stand no B11



The charming spa town of Harrogate

HOW TO GET THERE



PHARMACYupdate

Immunisation

Childhood vaccinations, holiday jabs — does it never end? **I**

Postural hypotension

The drug genesis of this often overlooked complaint **V**

Research Digest

Weight loss, lipid levels and how to treat bad backs **VII**

Jab happy?

Over 90 per cent of the population participate in the UK's mass immunisation programmes. Marianne Mac Donald gives a rundown of what's available

October 1977, Somalia. The man noticed a pustular rash over his body, adding to the fever, nausea, vomiting and ache he had experienced for the previous couple of days. The pustular lesions gave way to scabs which gradually separated, leaving him with the scarring characteristic of smallpox.

The man is recognised as the last endemic case of a disease which killed more than 50 million Europeans in the 18th century. A disease successfully eradicated, many believe, by vaccination.

Immunology

The principles of vaccination lie in harnessing the body's own defence mechanism — the immune system — against disease. Antigens evoke an immune response particular to each foreign invader, liberating the release of specific antibodies, modified serum globulins, in the blood. This chain of events is known as the humoral immune response or antibody mediated immunity. A secondary response to antigenic stimulus also occurs, raising the antibody titre¹.

While these antibody levels can be raised naturally following disease exposure, the immune system operates a greater and faster response with further exposure, hence the development of vaccines, administered in passive or active forms.

• Passive immunity

An injection of disease antibodies, either in the form of antiserum or immunoglobulins, which gives

immediate, but short-acting protection against the condition.

With antisera, which contain specific disease immunoglobulins derived from animals, this protection lasts only two to three weeks and is known for its side-effect incidence.

Immunoglobulins, derived from human plasma or serum, have a lower incidence of side-effects and boost immunity for two to three months. They are available as normal human immunoglobulins which are active against measles, mumps, varicella, hepatitis A and other common diseases. According to the *British National Formulary*, their main use is in offering protection against hepatitis A (for three to four months), measles and rubella (both for three weeks). They should not be given at the same time as live vaccines.

Specific human immunoglobulins are also available, eg for hepatitis B, rabies, tetanus and varicella-zoster.

• Active immunity

Whole disease-causing organisms, or their active parts, are administered to stimulate the immune system to produce more antibodies; imitating its natural response to disease contact.

Organisms can be administered in the live, attenuated form, where the normal pathogenic virulence is reduced, or the killed (inactivated) version. Live forms, such as those used in the rubella and polio vaccines, have been criticised for triggering the conditions they



National Library of Medicine Science Photo Library

Development of smallpox after inoculation with vaccine in 1807 aim to prevent.

With live vaccines, immunity can be achieved with a single dose, although they are contra-indicated in pregnant women (because of teratogenic risk), those with compromised immune systems or those suffering from malignant disease.

Killed vaccines, such as pertussis and cholera, are viewed as less effective as live vaccines and require a series of injections to confer protection, with booster doses often necessary.

Another means of active immunisation is to administer an inactivated toxin which does not actually prevent contracting a disease, but does prevent development once contracted, eg tetanus and diphtheria.

Opposition stance

The traditional view is that vaccination has successfully

Fever attack

Paracetamol suspension is the drug of choice in treating post-immunisation pyrexia. Infants aged two to three months should be given 60mg (or 2.5ml) of paracetamol suspension if feverish, with a further dose four to six hours later.

A failure to reduce fever after this second dose warrants medical attention.

minimised many disease risks. The opposing view is that vaccines are unnecessary as many of the conditions they are administered for are in natural decline.

In addition, there is the risk of severe damage to the **Continued on p11** ►

◀ Continued from p1

vaccinated person and the theory that childhood vaccination renders some diseases more serious in adult life as immunisation makes the body less prepared to fight disease.

This is the belief of one fierce anti-vaccine opponent, the Society of Homoeopaths. "Before the introduction of mass vaccination, most adults had a naturally-acquired immunity against measles, mumps and rubella, but this is no longer so." In contrast with natural immunity, which confers life-long protection, vaccines provide shorter protection, the Society argues.

There is also concern that vaccinated women pass low levels of antibodies to their babies during placental transfer, thus making their children more susceptible to infection at a very young age, as has been noted in measles.²

A more long-term fear is that mass vaccination is encouraging viruses and bacteria to evolve into vaccine-resistant forms. Professor Roy Anderson of Oxford University believes man has been lucky with vaccines as they have been against infectious agents which have been "relatively genetically stable".

However, the number of parents choosing not to have their children immunised is very small (a study in Bath estimated it at 0.33 per cent) with homoeopathy cited as the reason in 21 per cent of cases. Religious reasons came next with 17 per cent, and 18 per cent gave no reason³. As it stands, vaccination still finds favour with the bulk of the population, with over 90 per cent vaccine coverage⁴.

Childhood regime

The main vaccine thrust, unsurprisingly, occurs during childhood with six different vaccines administered, many

with booster doses (see table).

● **D/T/P vaccine** protects against diphtheria, tetanus and pertussis (whooping cough). However, many parents are concerned about the risk of vaccine-induced brain damage with the pertussis component, so there is the option to omit this (the D/T vaccine).

Both are adsorbed vaccines which cannot be given to children over ten years or with current infectious illness. The side-effects include local reactions at site of injection, fever, malaise, pallor and occasional allergic reactions.

● **Hib vaccine** protects against *Haemophilus influenzae B*, the most common cause of bacterial meningitis in children under four years. Children aged between 13 months and four years who have not received their primary immunisation course (see table) can be successfully inoculated with only one dose.

Hib is a capsular conjugated polysaccharide vaccine available from several manufacturers. However, unlike other vaccines, where if a course is interrupted it should be resumed as soon as possible, but not repeated, the Hib course must be started again from scratch if a different brand is used.

● **The poliomyelitis vaccine** is available in two forms: the oral (Sabin) form which contains live attenuated strains of three polio virus types and the inactivated (Salk), again comprising three strains.

Contra-indications in the use of the oral polio vaccine are vomiting and diarrhoea and immunodeficiency disorders. Temporary paralysis can occur rarely in inoculated individuals, or their contacts.

The inactivated (Salk) vaccine is given if the patient is immuno-compromised.

● **MMR vaccine** is a live

vaccine to protect against measles, mumps and rubella (German measles). Even if children have received the single measles vaccine, this should be superseded by MMR.

Children with malignant disease; or on immuno-suppressive drugs; or with documented immunity to vaccine components; with acute febrile illness; who suffer anaphylactic reaction to eggs, or allergies to neomycin or kanomycin; who have received another live vaccination within the last three weeks; or immunoglobulin within the last three months, should not be inoculated.

Patients may complain of stinging/burning at the injection site as a consequence of the vaccine's acidic pH. Malaise, fever, rash, sore throat and headache occur about five days after immunisation, lasting for two to three days. Parotitis occurs rarely about 21 days after immunisation. It can also, rarely, cause encephalitis and paralysis and arthritis in 3 per cent of children.

● **The BCG vaccine**, *Bacillus Calmette-Guérin*, is a live attenuated means of inducing antibody response to *Mycobacterium tuberculosis* in tuberculin-negative children. Tuberculin-positive patients do not require immunisation.

The vaccine is also given to people in contact with active tuberculosis, NHS and veterinary staff, students and travellers to tuberculosis endemic countries.

The BCG is contra-indicated in people with generalised septic skin conditions, although in eczema patients a disease-free site may be chosen. Neither can it be given to patients concurrently on corticosteroids or immuno-suppressive treatment.

● **Rubella vaccine**, in a live

The future

Smithkline Beecham says it has well under way, or in the final development stages, vaccinations for a combined hepatitis A and B vaccine, a varicella vaccine and other combination vaccinations, including a hepatitis B/diphtheria/tetanus/pertussis vaccine. The company is also continuing research on vaccines for herpes, malaria, hepatitis C, zoster infection and cytomegalovirus.

Other vaccines known to be in development in the UK target allergies and rheumatoid arthritis.

Many companies are working towards an HIV vaccine. However, early trials of a vaccine in the US suffered a setback when it was revealed that three subjects out of a cohort of 260 people at a high risk of contracting HIV, became infected. Notably, these people did not complete the requisite course of three injections.

hyperattenuated form, is given to females to reduce the risks of contracting rubella when pregnant, unless there is evidence they have received MMR. However, a period of three weeks must be left between the BCG and rubella inoculation.

It can also be given to non-pregnant women of child-bearing age who have no immunity, and those who work with pregnant women, which may increase the likelihood of disease contraction. Immunisation should be avoided in early pregnancy and, following administration, pregnancy must be avoided for three months.

Side-effects include fever, sore throat, rash, arthralgia and arthritis one to three weeks after injection. Joint complaints are less common in adolescent girls.

Adult life is relatively free from mandatory, documented immunisation, except for certain conditions. However, with the increasing popularity of long-haul holidays, tourists may face further inoculations.

Holiday jabs

● **Cholera vaccine** contains two serotypes of the organism *Vibrio cholerae*. However, according to the *British National Formulary*, it

Continued on p1V ▶

Childhood vaccination schedule

Vaccine	Dose	Age	Notes
D/T/P, polio, Hib	1st dose 2nd dose 3rd dose ¹	Two months Three months Four months 12-18 months	Primary course
MMR			Can be given at any age over 12 months
Booster D/T and polio, MMR (if not previously given)	Four to five years		
BCG		10-14 years or infancy	
Rubella		10-14 years	Girls only. Interval of three weeks between BCG and rubella
Booster tetanus and polio		15-18 years	

¹In some parts of Scotland, the schedule is started at two months and should be completed by six months, with intervals between injections of not less than a month

Abbreviated Prescribing Information

Representation
Methadone Mixture DTF. A clear, yellow-green mixture containing methadone hydrochloride BP 1mg per ml. Contains sodium methylparaben 0.1% and sodium propylparaben 0.025% as preservatives. Contains Tartrazine (E102), Green S (E142) and Sunset Yellow (E110).

Uses. In the treatment of opioid drug addiction (as a narcotic abstinence syndrome depressant).

Dosage and route of administration.
For oral administration. Adults: Initially 10-20mg per day, increasing by 10-20mg per day until no signs of withdrawal or intoxication. Usual dosage 40-60mg per day. Aim thereafter, gradual reduction. Elderly or ill patients: Give repeated doses with extreme caution. Children: Not recommended.

Contra-indications, warnings etc.

Contra-indicated in respiratory depression, obstructive airways disease, concurrent M.A.O. inhibitors or within 2 weeks following M.A.O. inhibitor therapy. Use during an acute asthma attack is inadvisable. Obstetric use not recommended. Not suitable for children.

Drug interactions. Specific interactions include: Alcohol: may induce respiratory depression and hypertension.

Cimetidine: potentiates opiate effect.

Rifampicin: reduces opiate effect.

Phenytoin: potentiates opiate effect.

MAOI's may induce CNS excitation or depression. Urinary acidifiers: decrease plasma concentration. CNS depressants (tranquillisers, sedatives, tricyclic antidepressants): may increase CNS depression, induce respiratory depression, hypertension. Naloxone: antagonises analgesic, CNS and respiratory depressant effects of Methadone. Naltrexone will precipitate withdrawal symptoms in Methadone-addicted patients.

Buprenorphine and Pentazocine may precipitate withdrawal symptoms in Methadone-addicted patients.

Warnings. Ability to drive or operate machinery may be affected during and after Methadone therapy. Methadone may cause nausea, vomiting and dizziness and has the potential to increase intracranial pressure.

Use in pregnancy and lactation is not supported by formal evidence of safety, but usage over many years has revealed no apparent ill-consequences and animal studies have not shown any hazard. Methadone is excreted in breast milk.

Overdosage:

Symptoms: respiratory depression, extreme somnolence, constricted pupils, skeletal muscle flaccidity, cold clammy skin, bradycardia and hypotension. In severe overdosage, apnoea, circulatory and cardiac arrest may occur.

Treatment: A patent airway must be preserved, with assisted or controlled ventilation. If significant respiratory or cardiovascular depression is present, narcotic antagonists may be required (Nalorphine 0.1mg per kg, or Levallorphan, 0.02mg per kg, given i.v. and repeated if necessary every 15 minutes). Great care is necessary where the patient is physically dependent on narcotics, when use of a narcotic antagonist will precipitate acute withdrawal symptoms. General supportive measures e.g. oxygen, intravenous fluids and vasopressors, are indicated where appropriate.

Incompatibilities: No major incompatibilities are known.

Pharmaceutical precautions. None.

Legal category. CD (sch.2), POM

Package quantities: Amber glass bottles of 30, 50, 100 and 500ml.

Basic NHS Costs: 500ml £7.59, 30ml £0.68, 50ml £0.93, 100ml £1.85.

Product Licence: PL 1883/0018

Product Licence Holder: Martindale Pharmaceuticals, Bampton Road, Harold Hill, Romford, Essex, RM3 8UG.

Martindale Pharmaceuticals Ltd,
Bampton Road, Harold Hill, Romford,
Essex, RM3 8UG.

Telephone: 01708 386660,

Fax: 01708 384032

Customer services: 01708 384733,

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February 1995

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"provides little protection and cannot control the spread of the disease". Vaccination is not a legal requirement for entry into many countries, but some ask for immunisation evidence.

Vaccination requires two doses, ideally separated by one month, and is effective for only three to six months. An oral live vaccine is in development and is currently available on a named-patient basis for those entering endemic areas. It is said to be more effective than the injectable form.

● **Diphtheria vaccine** has experienced a resurgence since the collapse of the Soviet Union, home to several diphtheria outbreaks.

Previously immunised travellers must have a low booster dose if they are living with locals or if ten years has elapsed since last immunisation. Unimmunised travellers require a low-dose course of three monthly inoculations.

● **Hepatitis A vaccination** is available in both passive and active forms.

The former, an immunoglobulin, gives instant protection lasting up to three months. Side-effects include malaise, fever and chills. The active form is an inactivated form of hepatitis A prepared from human diploid cells.

Travellers who need immunisation less than two weeks before departure may be given the initial dose, plus immunoglobulin, with the second dose on return. Ideally, the first dose should be given one month before travelling with the second dose in the next two to four weeks. In both cases, a booster is given six to 12 months later to confer ten years' protection. Hepatitis A vaccine is also available as a one-off dose, with a booster given six to 12 months later.

● **Meningitis vaccine** protects against meningococcal meningitis (A and C strains) outbreaks which occur across the 'meningitis belt', a semi-desert region of Africa, India and Nepal. Saudi Arabia also demands vaccination of Mecca visitors during the Haj annual pilgrimage.

Vaccination is only recommended for high-risk travellers: anyone living with local people in an epidemic and travellers who have had their spleens removed.

The vaccine is a polysaccharide vaccine prepared from *Neisseria meningitidis* A and C strains,



Fish are one of the sources of typhoid, cholera and hepatitis A

administered in one dose at least a week before travelling. It protects 90 per cent of recipients for up to five years.

● **Rabies vaccine** should be given prophylactically to high-risk individuals (explorers, botanists and those planning to walk in urban/rural areas) in a three-dose schedule on days 0, 7 and 28. For those with continued risk a booster should be added every two to three years. It can also be given after rabies exposure via two reinforcing doses on days 0 and 3-7.

● **Typhoid**

Typhoid is caused by the bacteria *Salmonella typhi* and vaccination is available in three forms.

The original, whole cell vaccine is given in two doses four to six weeks apart, with boosters every three years if necessary. A single dose before going on holiday will give 80 per cent protection for up to one year. Alternatively a single dose of the polysaccharide typhoid vaccine is effective for three years. For those who shy clear of injections, an oral live attenuated vaccine is also available in an enteric-coated capsule. A three-dose course (one capsule on alternate days) gives protection about seven to ten days after the last dose, and confers protection for one year or three years in those repeatedly exposed to *S typhi*.

● **Yellow fever**

Yellow fever is a viral infection prevalent in tropical Africa and South America and is spread by flying insects. The disease has a 50 per cent mortality rate.

The vaccine contains a live, attenuated strain of the virus. One dose is all that is required to give 100 per cent immunity for up to ten years. Inoculation

can be done a few days before travelling. Travellers will receive a certificate of vaccination, mandatory for entry into certain countries.

Hypersensitivity to eggs is contra-indicated in vaccine administration.

For an updated list of the latest vaccination requirements, pharmacists should contact the National Pharmaceutical Association. Alternatively, contact the Communicable Disease Surveillance Centre Travel Unit on 0181 200 6868.

Special cases

Unfortunately, there are other instances which demand further vaccination.

● **Hepatitis B vaccine** is given to those with a high risk of contracting the disease via exchange of bodily fluids: IV drug abusers, the sexually promiscuous, infants of hepatitis B carriers or who contract it during pregnancy, haemophiliacs, patients with chronic renal failure, NHS staff and long-term travellers (more than six months) or health workers in high-prevalence countries.

The vaccine contains a suspension of hepatitis B surface antigen prepared from recombinant DNA. Three injections should be given, the first two at a two-monthly interval, and a reinforcing dose at 12 months. Immunity lasts for three to five years.

● **Influenza**

Each year a new inactivated split virion flu vaccine is formulated to be administered to high-risk individuals: the elderly; those with chronic respiratory disease (including asthma); chronic heart disease; chronic renal failure; diabetes mellitus and other endocrine disorders; the immunosuppressed; and

residents of nursing and residential homes. Use is contra-indicated in people hypersensitive to eggs.

● **Pneumococcal vaccine** is given to patients at risk of contracting pneumococcal pneumonia, which has a high risk of mortality and morbidity: sickle cell disease, severe spleen problems, chronic renal/hepatic/ cardiovascular/lung disease, immunosuppression and diabetes mellitus.

The vaccine uses polysaccharides from the capsules of the 23 most common pneumococci in a single dose, with protection estimated at five years. Revaccination of adults is not recommended. It is contra-indicated in pregnant and breastfeeding women and children under two years of age. Side-effects include local irritation, rash, malaise and headache.

References

- 1 Hugo W B, Russell A D *Pharmaceutical Microbiology (3rd Ed)* Blackwell Scientific Publications
- 2 McLean A *Lancet* 1995;**345**:272
- 3 Simpson N, Lenton S, Randall R *British Medical Journal* 1995;**310**:227
- 4 Begg N, Nicholl A *British Medical Journal* 1994;**309**:1073-1075

Compensation

The Government offers one-off payments of £30,000 tax-free under the Vaccine Damage Payments Act 1979.

A claim can be made if the sufferer is thought to be severely disabled as a result of vaccination against: diphtheria, tetanus, pertussis, tuberculosis, poliomyelitis, measles, rubella and mumps.

Payment is also made to people who may have contracted the damage by close personal contact with a vaccinated person or via placental transfer.

Claim forms are available from the Vaccine Damage Payments Unit, Department of Social Security, The Fylde Benefit and War Pension Directorate, Norcross, Blackpool FY5 3TA.

For further information and help in claiming compensation contact: Justice for Vaccine Damaged Children, Ivor and Enid Needs, Erins Cottage, Fussells Buildings, Whiteway Road, St George, Bristol BS5 7QY. Tel: 0117 9557818.

Postural hypotension

Postural hypotension is often ignored but, as Gail MacPherson MSc MRPharmS explains, it is a very real problem in its own right

Orthostatic or postural hypotension is defined as an excessive decline in blood pressure that occurs upon moving from a lying to standing position. A clinically significant fall in blood pressure is considered to be 20mmHg systolic and 10mmHg diastolic.

Although the condition is generally associated with symptoms of cerebral hypoperfusion, such as syncope, faintness and blurred vision, unusual presentations, such as mental confusion, may complicate diagnosis. It is responsible for high morbidity in the elderly population in whom it is more prevalent¹.

Normally when a person moves from a supine to an upright position, pooling of blood in the lower body causes a fall in venous return, cardiac output and blood pressure. This is rapidly sensed by baroreceptors in the aortic arch and carotid sinus which stimulate the sympathetic nervous system. This, in turn, results in an increased heart rate, myocardial contraction and peripheral blood vessel constriction. In addition the renin-angiotensin-aldosterone system is activated to induce renal sodium and water conservation thus increasing total blood volume.

In a patient with orthostatic hypotension these compensatory mechanisms

may be impaired for a number of reasons, broadly described as autonomic or non-autonomic.

• Autonomic orthostatic hypotension

Patients with autonomic orthostatic hypotension (AOH) have reduced plasma noradrenaline concentrations at rest which remain unchanged on standing. They are also extremely sensitive to infused catecholamines. Diseases associated with AOH are listed in Table 1.

• Non-autonomic orthostatic hypotension

This is more common in elderly patients and can be due to various disease states or drugs (Table 2).

Any condition which lowers the circulatory blood volume has the capacity to cause orthostatic hypotension, eg dehydration, diabetes mellitus, burns and haemorrhage. Varicose veins may also be responsible as they hinder the redistribution of blood from the lower limbs on standing. Hypokalaemia impairs muscle contraction thereby lessening the response to sympathetic stimulation.

Perhaps of greater concern to the pharmacist is the role of drugs in the pathogenesis of orthostatic hypotension. Diuretics are frequently implicated due to their effects in reducing blood volume. Tricyclic antidepressants, MAOIs and phenothiazines cause orthostatic hypotension through interference with adrenergic transmission, thereby inhibiting sympathetic compensatory mechanisms. Some antihypertensive agents, such as methyldopa, reduce sympathetic outflow, whereas others, such as nitrates, cause peripheral vasodilatation.

The effects of these drugs must not be underestimated, especially among the elderly. Not only are they more likely to be prescribed polypharmacy, but their homeostatic regulation is often impaired as part of the ageing process.

Treatment

The first step is to identify any underlying cause. Diseases should be treated and any offending drugs stopped or

substituted with a safer alternative. Failing that, there are several non-pharmacological treatments which can be employed:

- Raising the head of the bed or tilting the bed by 15-20°.
- Sleeping at an angle reduces renal arterial pressure which stimulates renin release and increases plasma volume.
- Similarly, an increased sodium intake will also raise plasma volume. It is important to consider concomitant medical problems before recommending sodium therapy as it may have deleterious effects in certain patient groups, eg those with heart failure or ascites.

Drug treatment should be used only when non-pharmacological methods have failed. There are no clear guidelines with regard to choice of agent or duration of treatment.

• Fludrocortisone

Fludrocortisone is generally the drug of choice, although its exact mechanism of action is unclear. It is believed to act by augmenting the peripheral release of noradrenaline and increasing total blood volume secondary to sodium retention¹. It has been shown to reverse orthostatic hypotension in many patients although there are very few studies which have evaluated its long-term efficacy².

Adverse effects, such as oedema and hypertension, may be troublesome and it may precipitate heart failure in susceptible patients.

Treatment with fludrocortisone should begin with a dose of 0.1mg daily increasing at weekly intervals until symptoms are controlled.

• Prostaglandin synthetase inhibitors

Continued on pVI ►

Table 1: Autonomic causes of OH

Primary — idiopathic orthostatic hypotension, Shy-Drager syndrome, selective noradrenergic failure

Secondary — alcoholism, CNS tumour, cerebrovascular accidents, diabetes mellitus, MS, Parkinson's disease, porphyria, vitamin B1 and B12 deficiency



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◀ Continued from pV

Non-steroidal anti-inflammatory drugs (NSAIDs) inhibit the production of vasodilatory prostaglandins and enhance the sensitivity of the vasculature to vasopressors. Trials have been conducted using indomethacin and flurbiprofen but there is conflicting evidence as to their benefit^{4,5,6}.

NSAIDs are notorious for their side-effect profile which includes headache, GI bleeding, confusion, oedema and renal failure. These risks limit their use in the elderly.

• Beta-blockers

Beta-blockers are of value if there is an autonomic component. Non-selective β -blockers, such as propranolol, are more effective than those acting at specific subsets of β -receptors⁷.

Their benefits in orthostatic hypotension are attributable to vasoconstriction due to a reduction in β -receptor mediated vasodilatation and increased activity at post-synaptic alpha receptors. They have been used successfully to treat patients with decreased catecholamine levels such as those with autonomic orthostatic hypotension⁸.

The difficulty in making an accurate diagnosis of autonomic orthostatic hypotension should always be considered as the use of β -blockers in non-autonomic orthostatic hypotension may decrease blood pressure even further⁹.

Furthermore, caution is required when using β -blockers in patients with diabetes, heart failure or peripheral vascular disease as these conditions may be worsened by treatment.

• Other treatments

Other treatments have been used with varying success. They should be reserved for refractory cases taking into consideration the pathogenesis of the condition and risk of adverse effects.

Dopamine agonists, such as metoclopramide, and domperidone are thought to prevent a postural drop in blood pressure as they enhance the vasodilatory and natriuretic properties of dopamine. Although these agents have been reported to be effective, there is limited data and for that reason their use should be restricted to refractory cases only.

Octreotide has been shown to alleviate postprandial orthostatic hypotension in patients with diabetes mellitus¹⁰. However, published

Table 2: Non-autonomic causes of OH

Age
Burns
Dehydration
Diabetes insipidus
Fever
Haemorrhage
Haemodialysis
Hypokalaemia
Malignancy
Prolonged bed rest
Drugs — diuretics, insulin, MAOIs, opiod analgesics, anti-hypertensives, tricyclic anti-depressants, nitrates, phenothiazines

research is minimal and the cost and inconvenience of giving regular injections precludes against its use.

Although clonidine is recognised as a potential cause of orthostatic hypotension, it occasionally has a role to play in its treatment¹¹. The drug acts as a partial α_2 -agonist which induces vasoconstriction and increased blood pressure in patients with diminished neuronal stores of catecholamines. Great care is required in the selection of patients for clonidine treatment; if it is administered to those without severe autonomic impairment, blood pressure will fall significantly.

Conclusion

Orthostatic hypotension is a common condition affecting up to 30 per cent of the elderly population. Prior to initiating therapy, any underlying medical or pharmaceutical causes of the condition should be identified and eliminated. If this is ineffective or impossible, non-pharmacological treatment, such as bed-tilting or elastic stockings, should be used first. Only if these measures prove futile, should individualised drug treatment be considered.

References

1. Craig G M *Postgrad Med J* 1994;70:638-42
2. Schatz I J, Miller M J & Frame B *Cardiology* 1976; 61:280-9
3. Campbell I W, Ewing D J & Clarke B F *Brit Med J* 1976;1:872-4
4. Abata G, Pollmen R M, Cuccurono F et al *Brit Med J* 1979;2:1466-8
5. Perkins C M & Lee M R *Lancet* 1978;2:1058
6. Bannister R, Davies B & Sever P *Lancet* 1978;1:1312
7. Cleophas T J M, Kauw F H Wm Bijl C et al *Angiology* 1986; 37:855-62
8. Brevetti G, Chiarello M, Giudice P et al *Am Heart J* 1981;102:938-41
9. Dudl R J, Anderson D S, Forsythe A B et al *Am J Med* 1987;83:584-8
10. Robertson D, Goldberg M R, Holister A S et al *Am J Med* 1983;74:193-200

The gender impact of dieting on cardiovascular risk

Weight loss by people who are overweight is one of the most effective ways of reducing risk factors for cardiovascular disease. However, some evidence suggests that men, who have proportionately less body fat, benefit more than women. If this is true, it questions the effectiveness of advice given to women at risk. American epidemiologists have now evaluated more closely the impact of long-term weight loss in both sexes.

Subjects were aged 25-45 and 14-32kg heavier than their ideal weight. Other risk factors were avoided: they were non-smokers; free of other disease; not taking oral contraceptives; and not hypertensive. Intervention consisted of reading a manual on how to lose weight; or a long-term behavioural programme including regular meetings, calorie targets and exercise.

Of 202 recruits, 159 completed the 18-month study; drop-outs tended to be younger but there were no other differences between the groups. Subjects given the manual achieved little weight loss and their cardiovascular risk factors were unchanged. More active intervention achieved sustained weight loss, reaching 9.9kg after six months. Although this fell to 6kg at 18 months, cardiovascular risk factors improved. There were reductions in total cholesterol and triglycerides; an increase in HDL-cholesterol;



and a 2.2 mmHg reduction in diastolic blood pressure.

When the men and women in the active intervention group were compared, it was clear that risk factors improved significantly more in men. However, this was because they had higher levels at the start of the study. When this difference was corrected, men and women were shown to benefit equally.

Closer analysis showed that sustaining weight loss achieves continued benefits. Selecting a group with a modest 4.3kg reduction at six months, and who varied by no more than 2.3kg either way for

the next year, the authors found that the early gains in lower lipid levels and blood pressure were maintained and the HDL:total cholesterol ratio continued to improve.

This study supports earlier findings that a 10-20 per cent reduction in weight is required to achieve a long-term improvement in risk factors, with equal benefits for men and women. However, less than a third of participants managed to maintain such an achievement, even after an intensive behavioural programme. *International Journal of Obesity* 1995;19:67-73

Methotrexate use in MS

Current opinion about the cause of multiple sclerosis (MS) is that it may be an auto-immune disease with antibodies directed against central nervous system antigens. However, trials of immunosuppressants have mostly shown limited benefits and significant toxicity. Now, American specialists have investigated the potential benefits of low-dose methotrexate, an increasingly popular form of immunosuppression which has been tested in conditions ranging from rheumatoid arthritis to Crohn's disease.

Sixty people with moderate disability due to established progressive MS were randomised to methotrexate, 7.5 mg weekly orally, or placebo for two years, with a further one-year follow-up. Three people taking methotrexate and one taking placebo withdrew from the study because they felt their treatment wasn't working; none withdrew because of adverse effects. Sustained progression of MS occurred in 83 per cent of placebo recipients but in only 52 per cent of those taking methotrexate — a significant difference.

Disease progression was also slower: the time until at least half of patients developed sustained progression was 23.4 weeks with placebo and 74.4 weeks with methotrexate. The benefit was most evident in upper extremity function; this became apparent within six months of starting treatment and was sustained for at least two years.

Adverse effects included respiratory and urinary tract infections, nausea, indigestion and diarrhoea but were evenly distributed between placebo and active treatment groups.

However, despite these improvements, neither physicians, nurses or patients identified any significant change in clinical status, irrespective of the treatment received. Similarly, there was no significant improvement in overall measures of disability. Nevertheless, the authors conclude that methotrexate is a relatively non-toxic and much needed therapeutic option for people with MS which warrants further study. *Annals of Neurology* 1995;37:30-40

Carbamazepine monitoring made easy by post

There is no need for people with epilepsy to see their GP or visit the local hospital clinic to have carbamazepine levels monitored: it can be done simply by posting a sample of saliva, say Israeli specialists.

Sixty children on long-term carbamazepine therapy provided blood and saliva samples before their morning dose of medication. Saliva was collected by asking the child to spit; salivary flow

could be doubled by stimulation with 2 per cent citric acid.

Immunoassay confirmed a high correlation between blood and saliva levels of carbamazepine throughout the therapeutic range. Comparing levels in stimulated and non-stimulated saliva, there was a slightly lower correlation but this could be corrected by multiplying the measurement by 1.22. A repeat assay after one week's

storage in a shaded area during a warm and humid summer showed that there was no deterioration in the sample.

This simple, non-invasive method brings therapeutic drug monitoring closer to the community. It helps both the patient, whose life is less interrupted, and the specialist, who can measure drug levels in advance of a clinic appointment for review on the day. *Epilepsia* 1995;36:72-4

No rest is best in back pain

Low back pain is one of the commonest problems presenting in the community and among the least responsive to treatment. Drugs ameliorate the pain but don't improve prognosis; and traditionalists say nothing is more effective than bed rest, lying and sleeping on a hard surface. This makes the results of a recent Finnish study all the more surprising.

People presenting with acute low back pain, or exacerbation of chronic pain at Helsinki's occupational health centres were randomised to one of three treatments: two days' bed rest plus only essential walking and instruction about the correct lying position; exercises to mobilise the back, with personal instruction from a physiotherapist; and a control group who carried on with everyday life as much as their pain would allow, avoiding bed rest. Analgesics or NSAIDs were used by 90-95 per cent of all subjects.

Those assigned bed rest spent 22 hours at rest compared with two hours in the control group; and the exercise group carried out 61 sets of exercise compared with three by controls. Of the 36 professionals involved, 14 could not rank the interventions; ten judged exercise to be the most effective; three favoured bed rest; and three favoured the control group. However, follow-up after three weeks revealed a different story.

The control group did best: they had fewer days off work and returned to work more quickly; less disability; and shorter duration and less intense pain. They also rated themselves as better able to work. After 12 weeks, those assigned bed rest were still worse off than controls and the exercise group still couldn't flex the back as well.

The total costs of care in each group were \$191-234 for bed rest; \$282-397 for exercise; and \$150-168 for normal activity. *New England Journal of Medicine* 1995;332:351-5

Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

The costly implications of diabetic foot ulcer treatment

Diabetic foot ulcer is a significant cause of morbidity, accounting for up to a quarter of admissions of people with diabetes in addition to pain, disability and loss of limbs. Swedish data show that most of the expenditure on managing foot ulcers is on hospital care and the cost of topical treatments. A follow-up study has now more closely explored the factors affecting topical treatment to identify where intervention can be rationalised.

Of 314 patients presenting to a hospital clinic with diabetic foot ulcer, 40 died of unrelated causes before healing occurred; 77 healed after major or minor amputation; and in 197 patients the ulcer healed without complications. The costs of topical treatment were evaluated retrospectively in those who healed with or without amputation.

All patients were treated as in- and out-patients by a foot care team. Treatment was selected according to individual need and included cleansing with streptokinase/streptodornase or saline; hydrocolloid dressings; absorptive dressings; topical antibiotics;

and zinc oxide dressings.

Unsurprisingly, more severe ulcers were slower to heal, requiring six to seven months in the case of deep abscesses and gangrene. Weekly spending on in-patient care (1990 prices) ranged from a mean of £8.00 for superficial ulcers to £293 when gangrene was present. The mean cost of out-patient care ranged from £7.00 to £18.00/week. Topical treatment cost much the same for all but superficial ulcers (£15/week): deep ulcers cost £37 weekly, compared with £44 for abscesses and £41 for gangrenous ulcers. Total weekly costs varied from a minimum of £30 to £351, ranging up to almost £1,000 in severe cases.

Most ulcers needed two or three different types of dressing at various stages of healing, with unit costs ranging from £0.90 to £13.90. The average number of weekly changes ranged from 2.3 for hydrocolloid dressings to more than 20 for wet saline dressings. This led to a weekly cost per patient of £6.40 for simple vaseline gauze, increasing up to £190.40 when topical antibiotics were included. Antibiotic solutions (£2.40) were significantly cheaper than ointments or

creams (£13.90).

However, the greatest single component of these costs — accounting for 79 percent — was staff time and travelling expenses. The overall cost of topical treatment therefore depended largely on the number of times the dressing had to be changed, not on its purchase price. Accordingly, an inexpensive wet saline dressing was associated with the highest costs in patients with more severe ulcers.

Strategies to reduce costs include greater involvement in changing dressings by the patient or a relative; reducing travelling distances by staff; or using less highly-trained staff to reach more remote patients. Dressings which need to be changed less often also have a significant impact and their greater convenience could be used to justify a higher purchase price. For example, a dressing which can be applied 3.5 times weekly instead of 5.8 could be priced at £12.30 more than a simple zinc oxide dressing and still not increase overall costs. Similarly, a dressing which healed a superficial ulcer ten days faster than cheap dry dressings could cost a premium of £21 more. *Diabetic Medicine* 1995;12:123-8

Re-think lipid-lowering strategies

Changing lifestyle is an effective but, for many people, an unpopular strategy to reduce cardiovascular risk factors. It is also potentially expensive, since continued support from health professionals is often needed to achieve and sustain the desired changes.

Official Swedish guidelines to reduce lipids prior to considering drug treatment include counselling on diet, exercise and controlling other risk factors of heart disease. Six-monthly appointments with a GP and dietary advice from a nurse or dietician are also recommended. In Sweden, 20 per cent of the population have raised serum cholesterol. If the guidelines

were to be implemented nationally, the cost would be prohibitive.

It is therefore reasonable to ask, how much can be achieved with a less intensive — and cheaper — programme? Ninety people with a serum cholesterol of 7.0-7.8 mmol/l were randomised to intervention according to official guidelines or a low-intensity programme involving screening; feedback by letter; a booklet of tailored dietary advice; and follow-up at 12 months.

Of six scheduled consultations, subjects following official guidelines attended an average of 3.8. After 12 months, their mean total serum cholesterol had

fallen from 7.28 to 7.01, similar to the reduction of 7.30 to 7.06 in the low-intensity group. Worse still, serum triglycerides were higher and HDL-cholesterol lower after following official guidelines as opposed to less strict advice. The per person cost of following the official guidelines was approximately £317 compared with only £66 for the simpler programme.

This study suggests that official guidelines may not achieve more than simply tailoring advice according to individual need. The potential saving — a decrease of nearly 80 per cent per person — shows that a rethink is due. *Journal of Internal Medicine* 1995;237:13-7

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Will photographic companies and pharmacists have a more meaningful relationship in the future? This may be the case, as a plethora of promotions is offered to the independent

Although the past ten years have seen the growth of multiple stores and specialist camera shops, more than a few film and processing companies are doubling their efforts to attract pharmacists.

Kodak is looking to boost

pharmacy sales. Neil Murphy, sales director for pharmacy and drugstore business, says: "We want to work in partnership with pharmacy to develop the photographic cycle. We believe it is one of the healthiest retail products."

According to the company's research, photography in the UK

No business like **FILM** business



is worth around \$926 million. Of that film accounts for \$268m and processing about \$462m.

"Now, if you consider the shampoo market is worth about \$270m," says Mr Murphy, "you can see that the pharmacist has a huge opportunity with both film and processing."

But it seems pharmacists are neglecting this healthy retail product. Figures show that film business in independent pharmacies has declined by 5 per cent in the past ten years.

Film sales, compared with 1993, are down about 1 per cent in pharmacy, and processing down 0.5 per cent.

Kodak's promotional campaigns for this year are all about guaranteeing that film buying and processing become habitual for pharmacy customers.

The company aims to "close the imaging circle" by making sure that when films are processed in the pharmacy, customers leave with a new film in their cameras. A paid-for film, that is.

Mr Murphy believes that free film is a short-term tactical promotion only. "Apart from not displaying film," he says, "the pharmacist has an obsession with giving it away."

"Boots, the number one retailer in this country, does not give film away. The market research we have done shows that consumers would prefer offers on D&P, rather than film."

Through its arrangement with Unichem, the company has been offering a money-off voucher system on both film and D&P that ensures that the customer keeps coming back for both.

According to Kodak's calculations, every consumer visit concerning photography can represent three to four store

visits, with consumers spending between \$10-\$25 in that time.

"To buy a film, then take it back for D&P, and then come back to collect it takes three visits, most medicines can't guarantee that, because if the medicine is good they won't be back will they?" argues Mr Murphy.

The number of films processed in pharmacies far outstrips the

I don't think we have nurtured the chemist market enough

number sold. In pharmacies every year, 14 million films are developed, but only 7m are sold. Kodak wants to find that extra 7m.

Independent pharmacists will be invited by Kodak to stake their claim in these missing millions. The Stake Your Claim promotion involves stocking counter displays of film and single-use cameras between March and August. Prizes include a weekend break for two and a chance to win \$3,000.

Kodak is putting its weight behind this promotion in order to develop its relationship with the pharmacy market.

Mr Murphy says: "I don't think we have nurtured the chemist market enough, certainly from around the early 1980s when we didn't take enough notice of what the pharmacist wanted. To some extent we tended to market outside pharmacies."

While Kodak may have neg-

Continued on p454 ►

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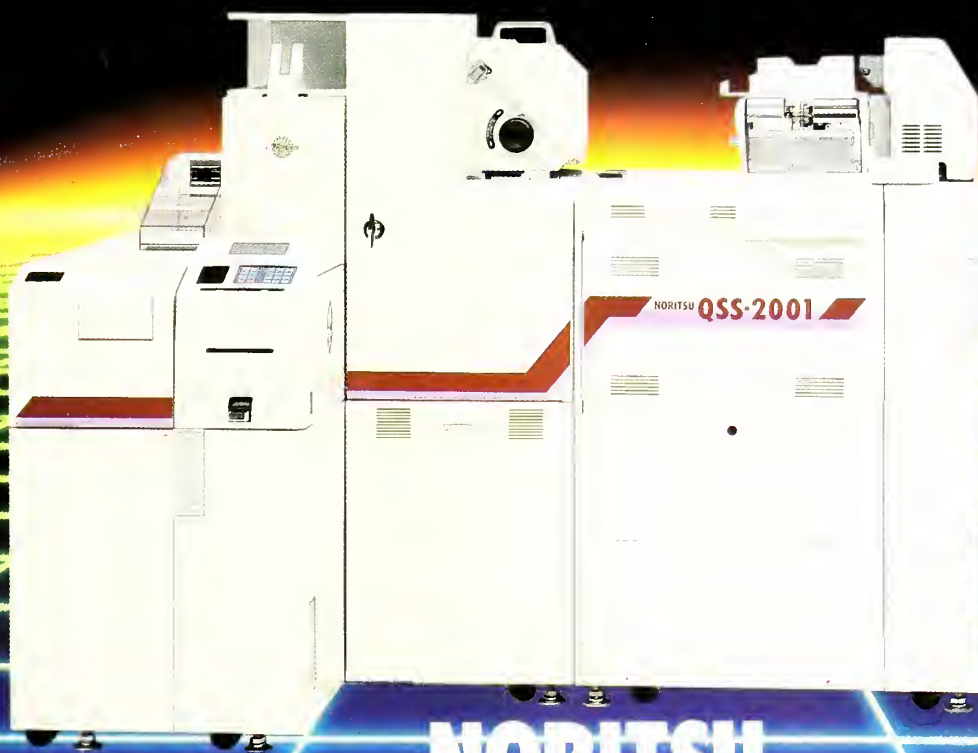
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lected independents, it believes that pharmacies are missing out on a potentially lucrative photographic market.

The company says that most pharmacists don't display film in a format that allows customers to choose for themselves, mainly because of pilfering problems.

Kodak is convinced that its new counter display units, with film boxes with backing cards, will deter even the most determined thief.

The units will display single films only. The company's research discovered that the multi-pack is not popular with independents, because of their mainly cash trade.

It's not only the pack size that is important but the type of film. According to Mr Murphy, pharmacy customers are the biggest buyers of 126 and 110 sizes, mainly because other outlets have reduced the space given over to them.

Kodak is also concerned with educating staff. The back of display units gives information about film speeds and it will be bringing out a staff training leaflet in association with C&D.

Although other photographic companies are not promoting

themselves on the scale of Kodak, they are still displaying a keen interest in developing the pharmacy sector.

Agfa, for one, believes the future in film for pharmacists lies with minilabs.

"Some are more serious than others about developing their film business. The less serious just stock film as one of the 3,000 lines in the shop. The serious ones look at installing a minilab," says Agfa's group product manager, Chris Gould.

Agfa has a new minilab, the

To buy a film, then take it back for D&P, and then come back to collect it takes three visits, most medicines can't guarantee that

MSC 101, which it claims is ideal for the market, due to its small size.

Pharmacists who stock Agfa film can participate in promotions surrounding it, but minilab owners who buy Agfa film, paper and chemicals are eligible to become partners in a business.

The company will set up an in-store photographic service for the pharmacist and will supply POS material and merchandising. It will also help develop pharmacists' film business by providing advertising copy and price lists on computer disk or in hard copy form. These can be altered to incorporate individual pharmacy details.

Fuji actively targets the larger

pharmacies directly through its own salesforce and sells to the independent outlets through Tambrands.

The company deals directly with people who have minilabs (Fuji's or otherwise) and who buy Fuji paper.

It sees the independent pharmacy customer as being the housewife with children and gears its promotions accordingly to appeal to this market.

David Feldman, Fuji's marketing manager for consumer film, says: "We do develop our consumer promotions with this market in mind. We currently have £10,000 to be won on packs, with the chance to win a first prize of \$5,000."

According to research figures commissioned by Fuji, it has increased its overall market share by 1 per cent — the equivalent of \$1m per year — in a market that is basically static.

The company wants to see the pharmacy market develop sales of single-use cameras. According to its figures, these sales have increased by 25 per cent — outside the pharmacy market. Sales in pharmacies have, however, remained static.

Konica's main markets for film appear to be through photo-finishers and large multiples, like Argos, Dixons and Woolworths. John Scott, sales manager, professional and photofinishing, says: "Some chemists do buy Konica film, especially if they have minilabs."

The company is concentrating on developing the minilab market through pharmacists. Mr Scott argues that this is a viable venture for pharmacies. "Photofinishers have eaten away the traditional chemist market."

Jim Brown, commercial director at Colourcare, believes pharmacists provide an important distribution channel for his company's services.

Mr Brown says the company will concentrate on increasing the growth of core products, such as 5x7in D&P, extra sets, reprints



Kodak's counter displays are designed to deter thieves and give customers easier access to the film

and enlargements, through a calendar of promotional activity drawn up to coincide with peak periods of photographic demand throughout the year.

Tailoring promotions to an individual business is also possible.

Two out of three of Colorama's clients are pharmacists. Recently the company has been involved in a massive reinvestment programme, triggered by an opportunity to service the chain of minilabs in the Boots' network. Sales and marketing will be integrated under one roof at its London headquarters and the company has appointed Andy Toschack as its new marketing manager.

Part of Colorama's 1995 programme includes a series of customer promotions. Starting in April is a spring offer that will see three enlargements for the price of two.

Andy Toschack says dealer reaction to early announcements has been excellent. "We have plenty of attractive offers and promotions in the pipeline for the rest of the year," he promises.

Film facts

90 MILLION rolls sold every year

75 PER CENT of consumers buy at least one film a year

PHARMACY has 13 per cent market share

PROCESSING accounts for 50 per cent — £463 million

CAMERAS/SINGLE USE
CAMERAS account for 21 per cent — £195m. Pharmacy has 1 per cent of cameras and 6 per cent of single-use cameras

FILM SPEEDS: 54 per cent of pharmacy sales are of ISO 100 speed, ahead of 39 per cent ISO 200

FILM SIZES: 61 per cent of pharmacy film customers buy 24-exposure films and 36 per cent buy 36-exposure, while 93 per cent of pharmacy film customers buy single rolls rather than twin/triple packs

PHARMACY CUSTOMERS prefer 4x6in prints — 80 per cent; like next-day service — 42 per cent (only 4 per cent of all pharmacy prints are re-prints or enlargements).

(Source: Kodak)



Agfa offers a partnership deal for pharmacists who are serious about developing their minilab business

Kodak's new advantage

From this month, Vantage has joined forces with Kodak to offer its members a developing and printing service.

The link-up offers members Vantage Photo Service-branded POS material and packaging, endorsed by Kodak, delivered directly to shops from local labs. It also increases the quota of discounts according to the number of films sold.

Smile

BECOMING A PRINTS BY KODAK DEALER IS CHILD'S PLAY

If you become a Prints by Kodak dealer, you'll be in at the birth of
our 1995 £2 million 'Smile' promotional campaign.

Sign up and share in the benefits of the millions of customers the
campaign will help generate.

National advertising, great consumer grabbing promotions,
eye-catching P.O.S. and the world's leading photographic brand
— what more could you want?

Return the coupon now and before he's much older you could be
wearing a smile that will continue throughout 1995!

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a Prints by Kodak dealer*

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Postcode _____

Tel _____

CD 18 3 '95

Send to Simona Kanani, Kodak Processing Companies Ltd,
P.O. Box 66, Station Road,
Hemel Hempstead, Herts. HP1 1JU
Tel: 01442 844804.



Putting you in the picture

Single-use cameras are now firmly established on the market and come in a range of formats, including waterproof and panoramic versions. Photographer Bob Vickers puts four of the leading flash models to the test

The test subjects

**Fuji Quicksnap Flash
Kodak Fun Flash
Konica Film In-Flash*
Agfa Le Box***

Overall comments

Ease of use

Out of the four cameras tested, Agfa and Konica were the easiest to use. Fuji was next best. The only one that did not seem to fit the hand as well as the others was the Kodak. Its wind-on was a little cumbersome.

Picture quality

The best quality pictures came

from Agfa, which performed best overall. Kodak was not very good in poor light, but its flash pictures were best.

* *Konica and Agfa have both just launched smaller compact versions of their single-use model cameras.*



Still life pictures: the Kodak camera (above) came out on top when using the flash with the sharpest and best colour saturation picture. The others were all similar, with Fuji having a slight edge



Portrait pictures: Kodak (above) was the sharpest with better colours



Baby pictures: again Kodak (above) had a slight edge with better colour



Pictures in poor light: Agfa (above) had the sharpest lens, closely followed by Konica and then Fuji. Kodak did not perform well in poor light

Power ranges

Against general trends, battery sales have dropped in pharmacies

Last year, \$118 million of batteries — totalling 18.6 million units — was sold in independent pharmacies.

But against the trend of the total market — worth a hefty \$230m — sales of batteries through pharmacies showed a slight decrease in volume and value terms.

Alkaline batteries are increasing in popularity. In value terms, 66.4 per cent of sales in 1994 were attributable to alkaline batteries, compared to 62.9 per cent the previous year.

Zinc batteries dropped to 33.6 per cent by value from 37.1 per cent. But the zinc form still had the largest share of volume sales with 55.3 per cent last year, compared to 56.2 per cent in 1993.

Duracell is the brand leader in both volume and value terms in

the pharmacy sector. It enjoys a volume share of 27.7 per cent and a value share of 47.2 per cent.

Duracell recommends that pharmacists stock lithium photo batteries as customers will be looking to buy this type for the new multifunction cameras. With \$2 cash profit, these are a worthwhile investment.

Its three main sizes — DL123A, DL223A and DL245 — account for over 80 per cent of the total lithium market. However, there are still many cameras which take AA-size batteries and in these cases alkaline cells are probably the best choice.

Duracell has improved its alkaline range, following the introduction of a new, patented technological development. The company says its latest range, Xtra Active, will give two extra rolls of film from a camera flash.

Ever Ready is beefing up its lithium products with the introduction of two new batteries to its Energizer range.

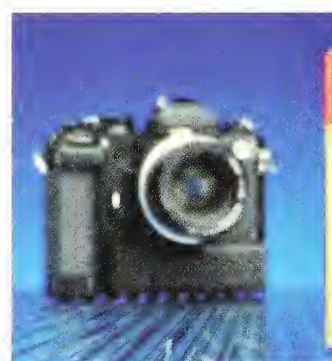
Its Hi Energy Lithium battery lasts up to seven times longer than its alkaline equivalent. In a Kodak Star S35 Lens shutter camera, the Energizer flashed 550 times, with an eight-second re-

cycle time, compared to the alkaline equivalent of 85 flashes.

The battery also weighs just 15g, it can perform at extremes in temperature and has a ten-year shelf life.

The Energizer CR2 Lithium is a smaller version of the EL123AP, the size which accounts for over 50 per cent of sales. This battery has been designed around smaller format 35mm film. The three-volt CR2 has about 75 per cent of the cubic volume of the former, half the capacity and weighs in at just 11g

(Figures supplied by Duracell)



Ever Ready's Hi Energy Lithium longer-lasting battery



Duracell: 'a best before' date and the Lithium Photo name highlighted on-pack are features



"YOU PROFIT FROM OUR EXPERIENCE"

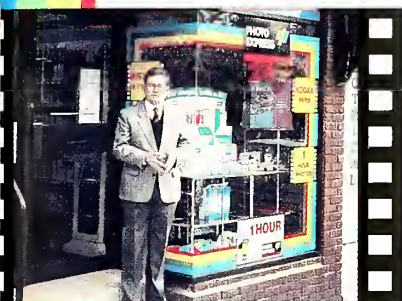


Photo-Me has been the world leader in automatic photography for over 40 years – and our hugely successful Photo-Express system, with 5000 sales, is the world's most popular microlab.

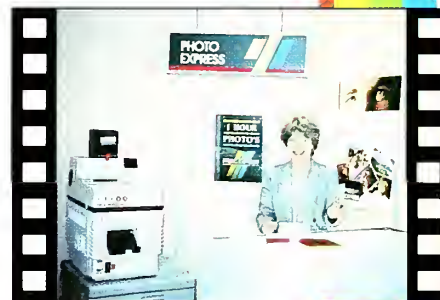


Backed by Photo-Me's national network of service engineers and our superb marketing support package, Photo-Express meets the retail pharmacist's needs for a photo D & P system.

Its continuous process with touch-button operation



- Allows you to offer a one hour D & P service
- Gives first-class results
- Offers a truly fast pay-back period
- Is amazingly compact and smartly styled

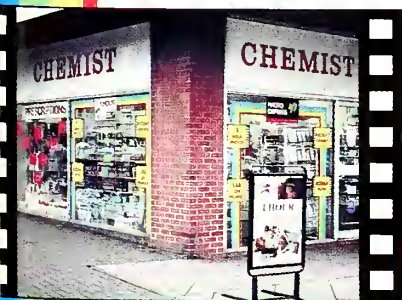


For more information please write to:

Photo-Me International Plc

ISG, Church Road, Bookham, Surrey, KT23 3EU

or contact **Susanne Dunn** on 01372 453399



Driven to despair by D&P?

Profits soared when Mike Johnstone brought D&P in-house at his Ashdale Pharmacy in Uppingham

My idea of a minilab was one that would extend the professional services of the pharmacy without extending the already heavy demands on my time.

The decision to bring D&P in-house was also driven by frustration at having an external service which was woefully lacking in reliability.

I started to investigate the feasibility of having a minilab on-site. This is not an exercise for the faint-hearted. Setting aside the myriad choice of labs available — all claiming superiority, ease of use, market leadership and potentially massive profitability — the cost of acquiring such technology is breathtaking.

Anything from \$30,000 to \$45,000 is quoted from the various suppliers, depending on the capabilities of the machine. And usually that is without on-site maintenance and with only a six-month warranty.

Unless you have a substantial nest-egg tucked away for a rainy day, financing a minilab is best approached through a lease rental or purchase agreement, which is usually very readily set-up through the supplier.

I ultimately decided on a single-unit minilab, which could be sited in the shop, rather than behind the scenes. Having made the decision on which minilab to purchase, I installed an adequate power supply and organised chemistry and paper suppliers. Waste and silver reclamation services had to be arranged. Areas had to be set aside for storage, dark-room facilities, chemistry mixing and waste management.

Installation was relatively simple and initial training took place

on-site — not the ideal scenario — as the pharmacy still had to operate efficiently.

The alternative was having the two or three people necessarily involved away from the pharmacy for several days to attend a training course at the supplier's headquarters.

One member of staff was given special responsibility for the minilab, and that person was able to concentrate fully on the training. Back-up is needed for lunch breaks, sickness, holidays and, indeed, one hopes, to cope with the anticipated surge of business.

Operating this particular minilab at a basic level was a skill quickly learned and the precision technology of the chosen lab meant that photographs were quickly being produced to a very high standard.

The secret of running a minilab in a painless fashion lies in good housekeeping.

It is essential to ensure that the chemistry is checked carefully, mixed in clean containers, to exact dilutions and with great care to avoid contamination — a

discipline which echoes the demands made on the pharmacist in the dispensary.

Regular cleaning, daily and weekly checks and tests to ensure that the lab is conforming to manufacturer's performance parameters are necessary. This ensures the quality of product supplied to the customer.

Promoting the new services on offer was something that was done using good signage and promotional material, both inside the pharmacy and in the windows.

The minilab is sited in the shop, in full view of the customers, giving them the opportunity to see it in action before they try the service for themselves.

Offers such as free enlargements or free films with the one-hour service have encouraged people to try it out and have highlighted the benefits of the speed of service on offer — which no other D&P outlet in the town can offer.

The installation of the minilab has literally revolutionised the business. The photographic takings have soared and in the first year alone the profit on return leapt from an average of 29 per cent to more than 60 per cent — and the second year saw still greater growth.

The knock-on effect on the rest of the business cannot be ignored, either. More people coming through the door has had benefits that have been reflected in all aspects of the business.

With the current situation in pharmacy today, pharmacists everywhere need to look at alternative means of developing their businesses, which don't take up their personal time.

A minilab was part of the solution for Ashdale Pharmacy and it could be for other pharmacists, too.

Mike Johnstone is also managing director of Pharmaforce, a company which markets products and services to pharmacists and healthcare businesses. The company offers independent appraisals for any pharmacists interested in minilabs. Tel: 01572 821648.

Photo opportunity?

'One-Hour Photo' signs could soon outnumber 'For Sale' and 'To Let' boards in the High Street. One pharmacy owner points out the pros and cons to consider before buying into the minilab dream

Chemists and drugstores are obvious candidates for in-store photo-processing units. But if the recession has taught us anything, it has blown away the myth of the free lunch.

There are a few other questions you need to ask before signing on a dotted line that commits you to an outlay of \$20,000-\$40,000.

Brief scenario. You buy a photo-processing unit, plug it in, put your customers' films in one end and get colour prints from the other.

More versatile, complex and therefore expensive units come in two parts — processor and printer. This type of 'minilab' can do enlargements and will usually offer more corrective features with which to attempt to tweak acceptability from less than perfect photographs.

Most newcomers to retail processing choose a one-piece unit, for its relative ease of function and overall simplicity. Some graduate from elementary to versatile when their expertise and customer requirement is sufficient to support a higher investment.

There's nothing magical about these machines. They rely on chemicals to develop each film and an imaging unit to turn negatives into prints. Intertwined with all that are the things you need to know before hanging up that 'One-Hour' sign outside your business. Don't let any sales rep leave you without answering the following:

Q1. Can I/my staff handle the machinery?

Untrained staff need to become trained staff very quickly, if your investment is to start earning its keep.

All minilabs must come with a staff training package and the extent of that training should indicate the complexity of the machine. Unfortunately, this is often not the case. When the salesman says 'a few days should be sufficient', pin him down to

Continued on p460 ►



Photographic business soared with the arrival of a minilab

IT'S TIME TO *Stake Your Claim*



Don't Miss This
Powerful Consumer Offer

**Kodak Gold film:
12 EXTRA SHOTS FREE**
36 shots for the price of 24

Available through your Kodak or Chemist Broker representative, from mid March - May 1995.
Buy this mixed merchandiser containing 24 packs of film, feature the display on your counter and you could -

STAKE YOUR CLAIM TO **£10,000**

Enter this exciting competition through your Kodak or Chemist Broker representative and you could be one of 5 winners who will receive their share of £10,000 at Charingworth Manor Country House Hotel in October.

**Claim your share of the Kodak Gold film business, and
"Stake Your Claim" in the 1995 Kodak Gold film pharmacy - only promotion.**

Closing date for competition entries is **September 11th 1995**. For further information, or to arrange a representative's visit, please call
Dawn Sutcliffe, Kodak Ltd. Consumer Imaging, on 01442 845038.

Is your film as good as GOLD?



◀ *Continued from p458*

specifics. Ask how much you or your staff will know at the end of the specified training period. What can be coped with, what faults rectified, what percentages of the machine's features will you be able to capitalise on and how long will it be before everything you've paid for is completely under your control and earning you money.

Training is absolutely vital. Hammer this part of the deal out to your absolute satisfaction. Anything less and you should keep the signing pen deep in your pocket.

Q2. How many films do I need to

process each day to keep the unit healthy?

The chemicals inside the machine usually require complete, daily circulation in order to maintain strength and purity. This takes place during processing, rather than by means of an on-board circulation device, so ask how many films per day will do the job.

You'll have the financial turnover explained in detail, but this has nothing to do with maintaining chemical integrity. You can't catch up on chemical maintenance. Demand written advice on this subject.

Q3. What are the arrangements

for waste disposal?

All minilabs generate chemical waste. Have the disposal facility on-line before you flick a switch.

Q4. How available are your company engineers?

The one-hour photo business is about fast, efficient service. If something goes wrong, you'll need immediate assistance to avoid customer dissatisfaction. Establish helplines and response times at the outset.

Q5. What protection do I have in the event of malfunction?

This is a two-parter. Study the machine's warranty under a sceptical microscope, then ask what would happen if a fault in the unit led to substantial loss of revenue. Photographs are personal things. A customer is unlikely to buy perfume and nappies from the shop that wrecked her holiday snaps.

Q6. What will be the resale value of the unit should the photo enterprise prove non-viable?

Ask for a sliding scale showing age versus value. Be insistent here. If the salesman can't provide this information, find one who can.

Q7. What are the benefits of buying a used machine?

Unless the company you are dealing with has an interest in used machinery, be prepared to hear some serious advantages for the new unit purchaser. Listen politely, then ask for it all in writing.

Q8. Will there be an engineer's report before installation?

Insist on one anyway. Re-siting a processor is a disruptive waste of everybody's time.

Q9. Can you explain the small print?

If you're still uncertain, seek expert help for a plainspeak translation of the sale agreement, especially if you are leasing the unit. Certain terms of the lease may affect your position in the event of dissatisfaction with the unit.

Q10. Can I have a list of your customers who operate similar units?

If you get one, visit as many 'satisfied customers' as possible (without the salesman to keep you company) before you make any commitment. You know what questions to ask.

If the salesman is unable, or unwilling to furnish a happy client list ... well, I don't think you need me to tell you what to do next.

Thinking small

Manufacturers are still tinkering with minilabs to make them smaller, faster and cleaner

When space is a premium and you are thinking of adding to the clutter with a minilab, you should be thinking: 'small is beautiful'.

A small minilab, or microlab, which can process, print and enlarge films all in one piece of equipment would seem to be the ideal choice for the smaller pharmacy.

Chris Palles, marketing director of Gretag Imaging, believes this is the case. He says: "When the microlab was introduced in 1991, the dark clouds of the recession were already looming overhead and film volumes were falling. Minilab installations were virtually static.

"The microlab, however, has kick-started the market back into life and recently-installed microlabs show significant growth for their owners."

Mr Palles says 95 per cent of all Gretag's installations go into retail, with chemists and photo-shops leading the way. The company offers microlabs ranging in price from \$33,000-\$39,000 in the Master One range.

Pharmacists can take advantage, through Gretag, of a complete retail package which is



Fuji's new Super G Plus film produces more natural skin tones

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Notes



specially designed for pharmacies. The Pharmacy Film Centre was developed by Pharmaforce, and is supported with supplies and technical back-up by Kodak.

Photo-Me International, following its acquisition of the French photoservices company KIS, has now entered the UK market for automatic photo-processing systems.

Its Imager microlab is reasonably priced at \$20,000, and is suitable for most retail pharmacies as it occupies only 5.3sq ft and will develop and print ten rolls of 35mm film every hour.

On-board technology includes automatic monitoring of print position and colour balance.

Close to 200 machines have been installed in the UK since its launch last year.

Agfa's new MSC 101 minilab takes up just 1.3sq m of floor space and incorporates a film processor, paper processor and printer all in one unit.

It is capable of handling up to 25 films per hour and has four print formats available. Film formats 110 and 120 up to a maximum print size of 12 x 8 1/4 in can be processed.

The lab incorporates Total Film Scanning technology (TFS), where the entire film is scanned and the machine determines the condition of the emulsion and sets parameters automatically.

For chemists who are unhappy at the idea of chemicals being carried through to public areas, Konica's new technology allows flexibility in siting the machine.

The Ecojet system for minilabs uses chemicals in tablet form and is said to halve the amount of waste disposal.

Ecotabs, the colour-coded tablets, are packed into cartridges which are also coded by colour. A safety lock mechanism on the cartridge cover prevents accidental opening. The tablets are

automatically fed into the system as required.

The number of tablets is precisely controlled to ensure correct solutions and this, combined with the high concentration of ingredients in the tablets, is said to allow for a very economical operation.

A major advantage of the system for outlets with low-turnover processing rates is the greater stability of its solid chemicals.

John Scott, Agfa's sales manager for professional products, says: "Liquid chemicals begin deteriorating from the moment they are mixed and this can be a major problem for outlets with a low turnover."

For those who are looking for a separate printer and the space, Noritsu has launched the DCP-648 digital colour printer.

This is capable of putting the pictures from an entire roll of film on to one print.

The index print can be made from all 135 formats and automatically selected to the roll of film being printed.

Each image has been colour corrected by the scanner and is printed at 300 DPI. The printer, costing \$7,000, is an option on all new-generation machines.

The company has also launched the QSS-2102 printer processor, with a built-in CRT monitor which allows the operator to check colour and density corrections in the positive images, making operations faster and facilitating cropping.

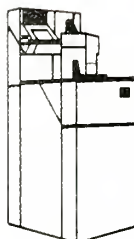
• **The Photo Industry Training Organisation is now approved to award NVQs particularly suited to minilab operators.** Tel: 0121 212 0299.

Noritsu's digital colour printer is capable of putting pictures from an entire roll of film on to one print

From the World's Leading

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Photo Equipment Supplier



Developers of the world's first minilab

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Machines with the tiniest footprint but the highest flexibility

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Gretag Imaging UK Limited, Gretag House, 17 William Street, Windsor, SL4 1BB
Tel: (01753) 840920 Fax: (01753) 864905

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CAD 3365

GRETAG IMAGING



Snap shots

A run-down on this year's product launches and promotions

Fuji is promoting its new film, Super G Plus, with a 'Lightning strikes twice' advertising campaign. A series of television commercials is central to the push, and will be supported by print advertising in

the photographic and leisure press as well as in the national newspapers.

For the pharmacist, point of sale material and in-store promotional material with the 'Lightning strikes twice' theme will support the campaign.

Two trial offers will promote sales of the new film through pharmacies. Special single packs of Super G Plus 100, 200 and 400 ISO 35mm will give consumers a chance to share in prizes totalling £10,000. Consumers simply have to peel back the header card to identify whether the pack contains a 'win' slogan.

Konica has launched the VX (Vivid Expression) film to replace its current Super XG series. The film is said to offer optimum spectral sensitivity in the blue/green and red sensitive layers.

The company has also negotiated a film sponsorship and advertising deal with GMTV, which will give it national television exposure throughout the year.

Numark's latest promotion features an offer of three for the price of two on Numark own-

brand films. Two of the company's most popular film formats — 135-24 exposures of both ISO 100 and 200 speeds — will be available to customers at the special offer multi-buy price of three for \$3.98 and \$4.50 respectively.

Tudor Photographic has formed two sales teams. One is to sell minilabs and is receiving additional training from suppliers in all aspects of photofinishing. The other team will handle consumer products which will be supported by regular promotions.

On the product front, the company supplies film in counter dispensers for 30 and 60 packs with a 200-roll dump bin also available. A complete range of photo frames, albums and minilab products is also suppleable.

Swains says chemists country-wide are reporting healthy and growing sales of frames, when they are displayed on or in the vicinity of a printing or developing counter.

In response it has introduced a counter merchandiser which contains a selection of its budget Memorie frames.

Polaroid has launched two lightweight 35mm compact cameras. An automatic focus model, retailing at \$49.99 and a fixed focus for \$29.99.

Both come with a carrying case, wrist strap, Polaroid film, batteries and user guide.



Polaroid has launched two new lightweight compact, fully automatic 35mm cameras



Thanks for the memories: Swains' new budget-priced frame dispenser



Fuji: a twin pack of 36-exposure films for the price of two 24s

PHARMACY RESEARCH TRAINING AWARDS ARE AVAILABLE TO ALL PHARMACISTS. APPLICATIONS CLOSE ON 26TH MAY 1995.

The Pharmacy Practice Enterprise Scheme provides sponsorship for any pharmacist resident in England.

The scheme's aim is to train pharmacists in the planning, execution and dissemination of pharmacy practice research.

Pharmacy practice research is any analytical investigation that gives a greater understanding of the ways pharmaceutical services are currently delivered, or illuminates possible developments in service delivery. Studies that investigate the sociological perspective of the profession are also encouraged.

Practice Research Training Awards will provide support for the study of

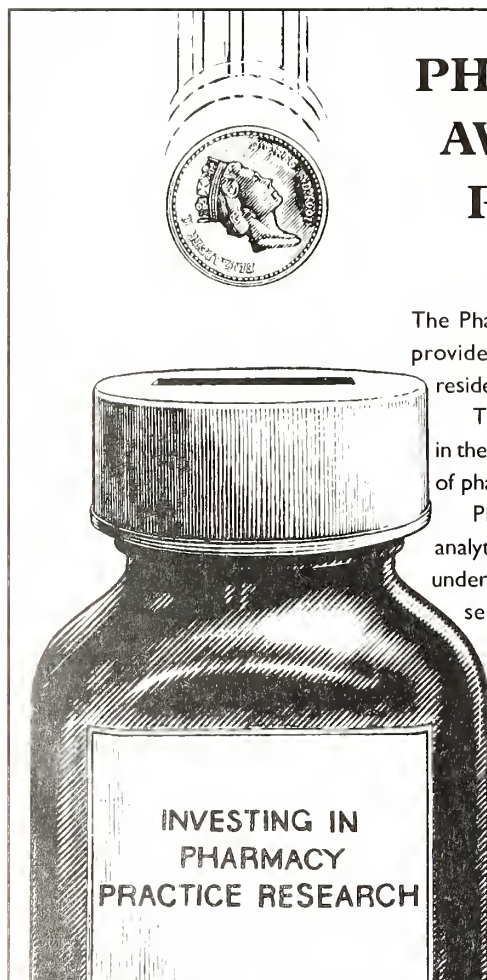
experimental techniques and methodologies applicable to the field of practice.

To qualify for the awards, candidates must be qualified pharmacists, resident in England, with post graduate experience in any sector of the profession. They must demonstrate a commitment to the development of pharmacy practice research, and have applied for a course which includes a significant component of research methodology.

The closing date for applications is 26th May 1995.

For further details about the scheme and an application form, write to: Mr G Clarke, Department of Health, Room 309, Richmond House, 79 Whitehall, London SW1A 2NS.

Pharmacy Practice Research Enterprise Scheme 1995.



**PAIN R
AT THE
OF A B**

This pioneering product offers all the painkilling anti-inflammatory power of the established brand leader in a convenient, cooling spray.

The cooling spray is non-greasy and fragrance free – because that's what consumers asked for.

To further assist users, Ibuleve Spray works in two positions – upright or upside down, and with each spray giving a metered dose of 0.2ml there is no wastage or mess.

The non-aerosol pump-action spray is not only ozone friendly but is also designed to ensure that even the last drop is accessible.

New Ibuleve Spray comes in a handy 35ml size and will retail at £4.75.

The launch of Ibuleve Spray will be supported by a dedicated £4 million national TV campaign, to supplement the continuing massive promotional support for the Ibuleve brand as a whole. This campaign will run initially throughout May and June 1995 and demand is expected to be high. Wholesale and



With the launch of Ibuleve Spray to reinforce Ibuleve's position as the clear market leader in topical pain relief, Ibuleve aims to make a powerful and immediate impact on the valuable spray sector of the analgesic market.

Your friendly medical case manager

AOK, the country's largest health insurance scheme, has always been a fund of new ideas, and it has now suggested that one way to curb rising health costs is to use family doctors as 'medical case managers'.

Patients, if they agree to register with just one family doctor, would receive a bonus of a lower premium, or additional benefit, from the insurance scheme.

The primary healthcare system in Germany is more complicated than in the UK in that a patient is free to choose whether to go to a GP or direct to a specialist as an out-patient. For example, a patient could go first to a family doctor, then to a specialist in 'internal medicine' and finally to a gastro-enterologist, all of whom could order the same tests.

In the proposed AOK model, some family doctors would receive additional training and then act as co-ordinators and supervisors of the entire healthcare of their patients, including any hospital and rehabilitation treatment and home care.

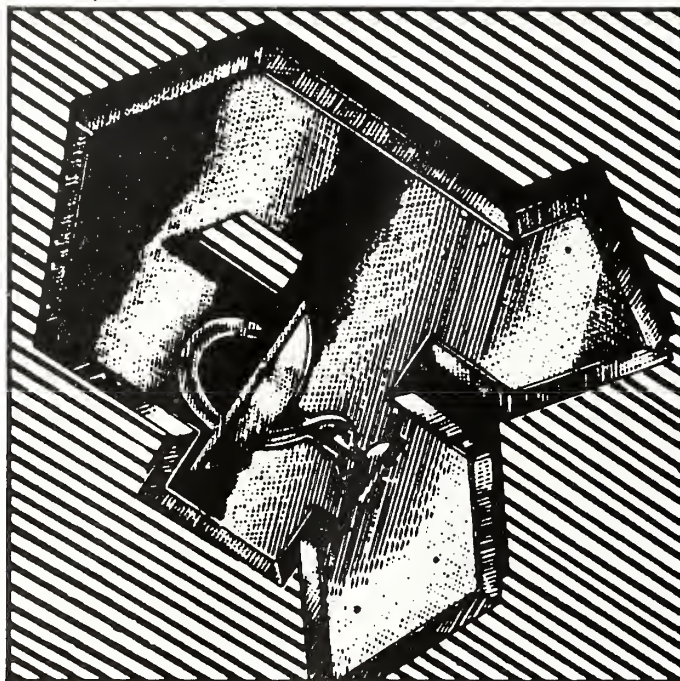
In this way, the AOK believes unnecessary duplication of investigations and paperwork could be avoided and considerable savings made. However, the scheme's success would depend on the willingness of patients to participate.

Bloodless test for glucose

A group of 18 young chemists, physicists, mathematicians, electronic engineers, doctors and one business management graduate appear to have beaten off competition from giant Japanese and American firms to develop the first bloodless test for glucose.

After seven years of work in virtual obscurity under private sponsorship, the specially created MedScience company quietly unveiled its GluControl device with the minimum of PR fuss at the Medical Measurement Fair in Dusseldorf recently.

Requiring not a single prick or test strip, the method is painless, simple and quick, according to the inventors. The patient places a finger on a sensor for ten seconds. The device is activated immediately and the signals are



used by the microcomputer incorporated in the device to calculate the actual blood sugar concentration, which is shown on the display and stored, with the date and time, for subsequent processing when linked to a PC.

The measurement is based on the principle of near infra-red absorption spectroscopy, which has been used by the food industry for many years to measure the proportion of fat in chunks of meat or residual water in roasted coffee beans.

The device has a measuring range of between 30 and 500mg glucose/dl and is said to be 88 per cent accurate.

The only apparent disadvantage of this revolutionary machine is the price — around \$25,000,

Regeneration of a company

The magnificent church in the city of Dresden, destroyed by bombing in the last war, is being rebuilt. Perhaps this has inspired the 120-year-old Dresden Drug Company, taken over in 1991 by a West German pharmaceutical firm after re-unification, to look to the future with confidence and a new marketing offensive.

The company has the highest market share — 5 per cent — among former East German drug manufacturers and is one of the biggest employers in the city. In its bid to seek a higher profile throughout Germany, it will concentrate on drugs for diseases of the heart and circulation, and is to set up a four-pronged cardiovascular network, based on therapy, information, innovation and social work.

Several years ago, the company established the Dresden Collegium. It has approximately 6,000 members and organises continuing education courses for doctors and pharmacists, mostly from the former East Germany. Regional branches help decide what topics the courses should cover. This information and training service is now to be extended nationwide.

The company is to continue to sponsor an annual prize of more than \$8,000 for research undertaken by students of pharmacy or medicine.

Most innovative of all is the proposal of the company to sponsor ten carers in association with a workers' Samaritan organisation to look after patients in their own homes throughout Germany. The firm has already given financial support to hospitals and kindergartens in its own city, but this will be its first philanthropic gesture elsewhere.

Facts and figures

Germany, which is by far the most populated country in the European Union, spent more than any other member state on healthcare in 1992. With a population of nearly 82 million, compared to Britain's 58.3m and France's 57.8m, it spent a massive \$1,400 per capita. Only Ireland, Spain, Portugal and Greece spent less than Britain.

German expenditure on healthcare was \$200 more than the next highest spender, Luxembourg, and nearly \$800 more than the quoted figure for Britain, which was around \$670. Bottom of the

healthcare spending league was Greece with \$83.

Between 1980 and 1992, health expenditure in Germany rose by 77 per cent, but this was small compared with the massive rise of 340 per cent in Portugal over the same period. One of the reasons for the high level of spending on healthcare in Germany is the cost of in-patient treatment.

In 1993, some 14.4m Germans received hospital treatment, over 1 per cent more than in 1992. With an average hospital stay of 13 days at an average cost of almost \$180 per day, attempts to reduce costs by cutting the number of beds have continued.

Bed numbers in the former East Germany (75.3 beds per 10,000 inhabitants) fell below the figure in the West (77.9 per 10,000) in 1993 for the first time.

New slant on old cold cures

A recent survey on knowledge of home remedies for coughs, colds and sore throats, carried out by the equivalent of *Which?* magazine, brought bad news for German pharmacists. When asked to name home treatments for these conditions, 95 per cent of respondents cited inhalations with volatile oils, salt or medicinal herbs, but few knew that these could cause allergies.

The testers then categorised the various home remedies according to their effectiveness. Inhalations were given the seal of approval, together with 'plenty of fluid', cold nasal compresses, hot foot baths and cotton wool soaked in St John's Wort oil pushed up the nose.

Chicken broth, made with a six-month-old boiling fowl cooked for two hours with vegetables and herbs, works wonders apparently. A plate of chopped onions is also an effective decongestant, while one expert in herbal medicine told a journalist that he always smears butter down the sides of his nose.

Warm herbal teas and non-alcoholic drinks were considered the most effective remedies for coughs, but chest compresses soaked in lard, lemon, curd cheese, butter, or finely ground nutmeg were also very good!

Gargling with water, camomile, sage or lemon and honey was recommended for sore throats. Curd cheese compresses around the throat and elderberry syrup are other sure-fire winners. If you lose your voice: stop talking! If you can't manage that, then drink warm milk with honey, use a gargle for sore throats and wear an old woollen scarf or sock (preferably washed) around your neck.



FOR THE RELIEF OF
BACKACHE, RHEUMATIC
AND MUSCULAR PAIN,
SPRAINS AND STRAINS.
REDUCES SWELLING
AND INFLAMMATION.

Apply directly
to the point of pain



Now the painkilling power of Ibuleve is also harnessed in a convenient pump action spray.

New Ibuleve Spray makes it even easier for sufferers of backache, rheumatic and muscular aches, pains and strains to reach those more inaccessible areas.

New Ibuleve Spray. More choice for your customers. More sales for you. More innovation from the brand leader.



PAIN RELIEF WITHOUT PILLS—FOR THOSE HARD TO REACH AREAS

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts. WD1 7JU. **Active Ingredient:** Ibuprofen BP 5.0%. w/w

Directions: Apply 5 – 10 sprays (1 to 2 ml) and massage into skin over and around the painful site. Wash hands after use. Repeat 3 to 4 times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult a doctor. Not recommended for children under 14 years. Patients with an active peptic ulcer or a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE SPRAY. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Flammable. Do not use if sensitive to any of the ingredients. **FOR EXTERNAL USE ONLY** **Legal category:** **P** **PL 0173 0160** **Packs:** 35 ml, RSP £4.75 inc VAT (£4.04 net).

Putting the female fertility symbol on a prescription for a hormonal product like Dianette changes its status, as the Pharmaceutical Services Negotiating Committee explains

Pharmacy Stamp

Pharmacist's pack and quantity endorsement	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
<p>Rx Dianette ♀ 6x21</p>			
Signature of Doctor		Date	



QUESTIONS

1. What is the significance of the symbol ??
2. Is this prescription subject to a prescription charge?
3. If this prescription was presented without the symbol, could you endorse that it is intended for contraceptive use and submit the form in Group NCC?

ANSWERS

1. The female fertility symbol ? indicates that the prescription is to be used for contraceptive purposes.
2. This prescription is not subject to a prescription charge even though an official contraceptive has not been ordered (see Drug Tariff Part XVI). The form should be submitted in Group NCC.
3. The symbol must be written by the prescriber. The pharmacist may not endorse that the prescription is for contraception. The form should be submitted in Group One or Group Two accordingly.

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- Counter Display Unit - contains 12 packs Special deal 14 packs for the price of 12
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- New distinctive packaging

Phytoalm - first single plant product licence in the UK

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Nature's most precious gift for you

Et tu Unichem?

Following the recent changes in Unichem's OTC pricing structure and the flippant remarks made by Jeff Harris in response to a detailed critique by a Dorset pharmacist in last week's *C&D*, I feel emboldened to put fingers to keyboard.

As a pharmacist whose bulk of counter business involves very little of Unichem's top 100, or 300 for that matter, the new arrangements leave little to be desired. I can only surmise that the real reasons for this policy are as follows:

- Unichem's executive has taken leave of its senses
- worse, the share options owned by senior Unichem staff mature at the end of this year, following Unichem's debut on the stock exchange almost five years ago, and as such the executive is anxious to display a short-term increase in Unichem's profitability prior to maturation of its options and thus reap bigger and better rewards for itself at the expense of increasingly beleaguered pharmacists. This would be regardless of overall profit of the company which would inevitably decline following mass desertions by pharmacists. Pharmacists would be the losers again
- worst of all, the executive has completely lost touch with its customers' aspirations and expectations, is in the thrall of market research consultants and other quacks, and believes that we, as pharmacists, wish to sink to the level of drugstores thereby denigrating our professional image even further.

It is inevitable that, as a publicly-quoted company, and free of its obligation as a friendly society (which it once was), it must seek to improve its performance in public, but however the executive may choose to look upon this policy, it is flawed and in the long-term does not serve anybody well.

It is hard nowadays to be a small, independent pharmacist — and with an ineffectual negotiating body. It was always reassuring to know that at least there was Unichem at our backs. Sadly, this is no longer the case and so, as Julius Caesar lurched from one cut to the next, we as small independents do likewise, and the last cut of all was the one that hurt the most. *Et tu Unichem?*

Jacques Gholam
Wandsworth, London

Give me a call!

Further to correspondence with regards to pharmacy golf societies: the Manchester and District Pharmacy Golf Society would welcome any pharmacist in the North West who has a current club handicap.

For details of fixtures, phone 0161 681 4128 during pharmacy hours.

R Wakefield
Manchester

Selling the profession short

I was incensed by a recent article in the *Daily Telegraph*, which highlighted savings people could make if they persuaded their doctor to write private prescriptions for medicines which were substantially cheaper than the NHS prescription charge.

The article explained that pharmacists often added £1 or more on to the cost of the medicines and some added a percentage oncost. The journalist suggested that people should look for no more than a mark-up of 50 per cent. It was possible, for example, to buy 50 Prednisolone tablets privately for 50p.

My first reaction was 'Who could possibly have given this journalist such misleading information?'. I would never consider dispensing a private prescription for anything less than £5.

Then I realised that this information was gained from 'research in the field'. It is hard to believe that pharmacists are prepared to devalue their services to this extent.

How can we moan about the low professional fees we get for NHS dispensing, when we are prepared to do the job for even less on a private prescription?

Regardless of the actual cost of the medicine, we must follow a strict dispensing procedure: the dosage must be checked, the patient may need to be advised on taking the medicine, on possible side-effects, drug interactions, storage and, for private prescriptions, legal records must be kept.

Surely this fully justifies a more realistic professional fee. After all, how much does a doctor charge for signing a private medical claim form?

I would go as far as to suggest that those pharmacists who are selling the profession short are guilty of professional misconduct.

E Silver
Edgware, Middlesex

DISPLAY AND WIN WITH ZANTAC 75

You may already have won one of the following prizes! A weekend in Paris for two, 14 nights for two in Egypt or 12 nights in the Seychelles.

All you have to do is compare the half bank note attached to your Zantac 75 Counter Unit, Open and Closed sign or Window Display, with the half bank notes printed every month only in *Chemist & Druggist*.

If you can match the serial numbers then you've won a fabulous prize! Call the Warner Wellcome Hotline on 0500 878 889 to claim your holiday.

FIVE MORE CHANCES TO WIN!



Over the next five months, take a look at *Chemist and Druggist*

at the beginning of every month where more bank notes will be appearing.

Mrs Whitmore of Nuneaton has already won a seven-day trip to Athens by matching the two half bank notes she received with our information pack.

You could be next.

Remember, it pays to display with Zantac 75.

FROM A WORLD OF EXPERIENCE



One tablet calms and subsides excess stomach acid for up to 9 hours

A WHOLE NEW WORLD OF RELIEF OTC.

Abortefacient inaccuracies corrected

As a GP, there are occasions when I wonder where patients suddenly develop this strange healthcare belief. Following your article 'What kind of prescription?' by Patrick McCrystal, *C&D* February 25, I am developing an inclination. I am not sure what qualifications, apart from MPSNI, Mr McCrystal has, but his article has some inaccuracies.

I do not have time to catalogue all of them but, picking up on one in particular — namely the mode of action of intrauterine contraceptive devices — there is now very sound evidence that IUCDs act by interfering with fertilisation rather than as an abortive actant.

This is the evidence:

1. Transient risers in HCG, an early marker of pregnancy, occur less often in IUCD users than those using nothing at all.
2. Electron microscopy study shows it is rare to find a

fertilised egg in humans using IUCDs.

3. Copper IUCDs reduce the number of sperms reaching the oviduct and their ability to fertilise by three mechanisms: a) hindering penetration of cervical mucus, b) causing phagocytosis by leucocytes and c) causing head tail separation.

4. Mid-cycle insemination studies have failed to find fertilised eggs in oviducts of IUCD users.

5. Lastly, copper IUCDs reduce ectopic pregnancy rate by 80 per cent and therefore they must be having some action outside the uterine cavity.

Throughout his article Mr McCrystal seems to imply that if ovulation occurs, the action of the IUCD must be by its abortifacient mechanism. I am glad he doesn't seem to put this forward for the action of use of barrier methods of contraception.

Lastly, and on a lighter note, I am concerned about the X-ray of the young lady shown in the article. That is certainly no IUCD that I know of, and looks distinctly as if it is in the wrong place if it is!

Dr J Cave

Newbury

Ref: *Studies in Family Planning* 20:6:355 (Nov/Dec 1989)

Tanna bangs legal drum once again

I wonder whether an amendment to the NHS (Pharmaceutical Services Regulation) 1992 will be implemented in April to outlaw dispensing of NHS prescriptions via non-contract pharmacies, since the present under secretary, Melvyn Jeremiah, is leaving the Department.

Stephen Alcock, who is replacing Mr Jeremiah in this year's NHS remuneration talks, has indicated that the professional allowance signals the Department's intention of shifting the emphasis away from fee-for-item services to recognition of the professional role of the pharmacist.

The Department has now shifted the goalposts to 1,800 prescription items a month before a full professional allowance becomes payable. Pharmacies dispensing under 1,300 items per month will not receive any allowance. But they still have to go on paying the statutory levy to the PSNC. This is a 'double whammy'.

I was dismayed to learn that it was our own regulators who originally suggested to the DoH the threshold of 1,000 items per month. It was

incomprehensible that PSNC suggested such a deal. One of the prime functions of PSNC is to represent, protect and serve the interest of *all* NHS pharmacy contractors in England and Wales.

The Department has taken advantage of the situation, meaning a further 500 pharmacies may close down this year. How many more will be forced to close down?

PSNC is unwilling to come up with a compensatory scheme for disadvantaged contractors. But what do we expect from an undemocratic organisation, one-third of whose Committee members are not elected?

The Council of the Society is fudging the issue concerning the dispensing of NHS prescriptions via non-contract pharmacies, hoping that the minister will bail them out and outlaw the practice.

But do not despair! The DoH has never been challenged in a court of law about the professional allowance. The only alternative we have is to do just that, with or without PSNC help. You will have to make up your minds and decide whether to proceed with my call to take the DoH to court and help with the cost.

A Tanna
London SE22

ANNOUNCEMENT

MOVELAT

Panpharma are pleased to announce that with immediate effect the OTC Detailing and Merchandising of Movelat Cream and Movelat Gel will be the responsibility of



FOR FURTHER INFORMATION CONTACT:

Panpharma Limited,
Repton Place,
Amersham,
Bucks,
HP7 9LP
Tel: (01494) 766866

Ceuta Healthcare,
Wilson House,
2 Lorne Park Road,
Bournemouth,
Dorset, BH1 1JN
Tel: (01202) 780558

Interest rates dampen spending

After a year of unexpectedly strong growth and low inflation, the concern in recent weeks has been whether the economy is in danger of overheating — with the prospect of further interest rate increases. The money markets are assuming a rise to 9 per cent over the coming year, but the view of many business observers is more sanguine.

A new analysis from the Henley Centre argues that the weak recovery in the housing market will keep consumer spending and inflation under control, without any substantial increases in interest rates this year. The Centre forecasts that growth in consumer spending will be kept down to 2.3 per cent this year and below 3 per cent up to the end of the century.

In reality, there has probably been too little emphasis given to the extent to which the economy has been slowing. Overall High Street spending has already moderated sharply in response to the interest rate rises of recent months.

Official figures show that seasonally adjusted sales in the three months to January were only 0.1

per cent up on the previous three months — the smallest increase since the recovery began in 1992.

Modest annual growth in High Street trade overall is also indicated by the latest CBI survey. Chemists reported that sales fell sharply in the year to January, having remained flat in December. Sales for the time of year were reported as well below average and to the greatest extent since March, 1991. Sales are expected to fall further in the year to February — remaining well below usual for the time of year.

ORDERS CUT BACK

Stocks were too high in relation to expected sales for some 25 per cent of chemists in the survey but, thanks to a sharp cutback in orders placed with suppliers, the situation is expected to be brought back into better balance by February.

News from manufacturing is that the underlying growth in factory output is slowing. Average production in the fourth quarter of 1994 was running at 0.7 per cent above the previous quarter, compared with a 1.5 per cent increase between the first

two quarters of the year.

The buoyant 2.3 per cent growth in chemicals production between the first two quarters fell to 0.8 per cent by the end of the year, while output growth by the food, drink and tobacco sector fell from 2.3 per cent between the second and third quarters to 1.1 per cent between the third and fourth quarters of 1994.

The latest CBI manufacturing survey shows that confidence about the general business situation improved in the pharmaceutical and consumer chemicals industries at the turn of the year as domestic order books and output volumes strengthened.

However, prices of products sold on the home market are expected to weaken further, while unit output costs are expected to firm only slightly during the coming months.

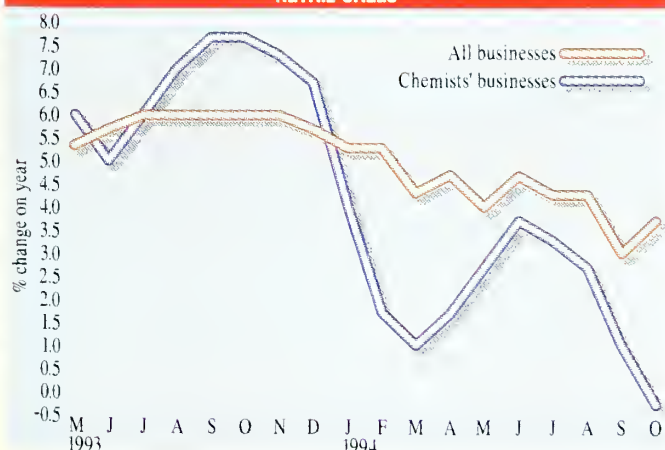
Sales by British pharmaceutical companies remain on an upward trend, according to official estimates. Total production rose by 2.1 per cent in the fourth quarter of 1994 to a level 7.1 per cent up on the same time a year before.

In contrast, sales by perfume, toiletry and cosmetic manufacturers dropped by 8.1 per cent in the fourth quarter but managed a 1.5 per cent improvement on the fourth quarter of 1993.

PRODUCER PRICES



RETAIL SALES



RETAIL PRICES



	Period	Latest	Previous	% change on year
Prices and costs				

Retail prices (Jan 1987=100):

All items	Jan	146.0	146.0	3.3
Chemists' goods	Jan	159.8	159.5	3.5

Producer prices (1990=100):

Manufacturing industry, excl food	Jan	115.2	114.0	3.4
Chemical industry	Jan	117.3	116.1	4.9
Pharmaceuticals	Jan	106.9	106.8	-0.4
Toilet soap	Jan	132.4	132.3	3.1
Perfumes, cosmetics, toilet preps	Jan	122.7	122.3	1.1
Hairsprays and lacquers	Jan	102.2	102.6	-0.5
Toothpastes and powders	Jan	123.7	123.7	3.8
Surgical and medicated dressings	Jan	112.8	112.4	0.3
Photographic materials, chemicals	Jan	114.2	111.7	0.7

Average earnings (Jan 1990=100):

Whole economy	Dec	124.6	123.7	4.2
Distribution and repairs	Dec	119.1	115.6	2.3

Output (1990=100)

All chemicals	Qtr 4	115.3	114.4	6.5
Pharmaceutical products	Qtr 4	133.6	130.9	7.1
Perfumes, cosmetics, toiletries	Qtr 4	82.9	90.2	1.5

Sales

Consumer spending (current prices)				
Total, £bn	Qtr 4	108.6	107.3	4.6
Retail sales value (1990=100)				
All retail businesses	Jan	111	161	1
Chemists	Nov	121	113	-2

Business indicators

Consumer credit (£million)				
Net lending	Dec	865	707	193.2
Unfilled vacancies ('000)	Jan	176.1	178.9	25.0
Unemployment (UK, per cent)	Jan	8.5	8.6	-14.1

Sources: Central Statistical Office, Department of Employment

Superdrug dispenses in-store

Superdrug is now pursuing an official policy of in-store dispensing services and is to add 40 pharmacies to its chain of 700 stores.

As with its current in-store pharmacies, the company plans to acquire NHS contracts through the independent sector.

The company has been slowly developing its pharmacy business since 1992 when it opened its first in-store outlet in Cheltenham.

Earlier this year two independents moved in-store at

branches in Bradford and Southend, bringing the total to seven.

The move towards in-store pharmacies is part of an upmarket strategy for Superdrug.

The company has been trialling a new generation in-store format, aimed at testing product range, layout, locality and service. It feels that pharmacies will add authority to its stores as health and beauty retailers.

Managing director Graham Steel says: "I believe that we can

continue to build successfully on our health and beauty business and that the introduction of pharmacies will enhance our customer offer."

In the year to January 28, the company performed better than its Kingfisher stablemates, Woolworths and Comet, reporting a 21 per cent increase in operating profits, a two-point increase in gross margins.

Sales were flat, at 0.04 per cent, reflecting the shift in the company's merchandise mix. It

has sacrificed volume in grocery products to concentrate on the higher margin health and beauty sector. It gained marketshare in 15 out of 18 key health and beauty categories in which it competes.

Sales in the second half grew by 1.4 per cent, offsetting a decrease of 0.6 per cent in the first half. Like-for-like sales fell by 1 per cent overall, improving from a decline in the second half.

Kingfisher reported a 9.4 per cent fall in pre-tax profits before exceptional to \$281.5 million.

Medeva profits from volume sales

Strong volume growth helped Medeva achieve a 35 per cent increase in profits to \$64.2 million in the year to December, 1994.

Sales rose 20 per cent to \$240m, with increased volume accounting for 75 per cent of the rise, and the balance due to price and mix. The majority of the growth came from methylphenidate, a treatment for hyperactivity in children, where sales increased 89 per cent.

Sales rose 5 per cent in the main respiratory products — Humibid, Deconsal and Atrohist — which reflects a slower rate of growth in comparison with previous years.

Demand was affected by seasonal factors: a weak first quarter and the mild influenza season in the last quarter of 1994.

On a like-for-like basis, sales of the group's ten major products, which constituted 68 per cent of the total for last year, grew by 30 per cent.

UK sales contributed 27 per cent to turnover. The two major UK branded products — Normax and Coraten — performed well with increases of 7 and 21 per cent respectively. The market-share of Normax laxative capsules was strengthened by Normax Suspension.

Group product development spend was maintained at between 6 and 8 per cent of sales.

The hepatitis B vaccine Hepagene is currently in clinical trials in the UK and an application for a product licence is scheduled for 1996.

The company believes that this product can also be used as a treatment for some patients who are chronic carriers of the hepatitis B virus. Clinical trials will begin this year.

Reorganisation costs Lloyds £13.4m

Lloyds' reorganisation of its drugstore operation, Supersave, will cost the group \$13.4 million.

The charge will be treated as an exceptional cost and taken in the financial year ending June, 1995.

Part of the \$10.5m cost (after tax relief of \$2.9m) will be redundancies of 750 staff at branch and head office level.

The charge also includes the costs of writing off certain fittings and fixtures, provision for unexpired lease terms of stores closed and other costs of rationalisation.

The programme involves 176 stores transferring to the chemist division. These stores will be relaunched with an emphasis on health, nutrition, fitness and beauty. Shop fascias will be branded Lloyds' Healthcare and Beautycare.

A further 27 stores will be converted to Holland & Barrett and 105 will be closed. The reorganisation is expected to take up to 12 months to complete, with the majority of store closures taking place before June 30 this year.

Guild promotes High Street and community retailers

Independent chemists may benefit from a new scheme to revitalise High Street and local community shopping.

The Guild of Excellence, launched this week, aims to involve consumers in reversing the trend of High Street closures.

Consumers will be encouraged to become Guild members and will pay an annual membership fee of \$15. Founder members can join for 18 months at this fee.

In turn, they will nominate local shops which they think provide high standards of service.

In return for their support any retailers who are accredited by the Guild will be expected to offer members a 'loyalty bonus' in form of a 5 per cent discount on purchases over \$5.

The first year's goal is 2 million members who are being targeted through a \$7 million advertising campaign.

Membership fees will go towards the training of young

people in the retail industry and towards buying property for aspiring shopkeepers.

The Guild has ploughed \$100,000 into a training foundation which has charitable status and will make grants to shopkeepers which will be equivalent to 75 per cent of a trainee's salary for two years.

It has designed and drawn up a new lease which will be available to retailers on shop properties, acquired by the organisation in secondary High Street locations throughout the country.

Chairman and founder of the Guild, Vincent Issacs has formed a company with \$2m of his own capital. On the day the company was launched, City institutions and individuals pledged an additional \$4m, bringing the starting capital to \$6m.

Mr Issacs says: "The public and shopkeepers are the force behind this scheme, we are merely the catalyst."

Chemists top retail survey

Chemists surfaced as the most successful retail sector in the High Street last month, following poor sales in January.

According to the latest CBI Distributive Trades survey, chemist sales for the time of year were above average for the first time since last August. This increase follows sharp reductions in three out of the four previous months. A small fall is expected in the year to March.

Selling prices, sales and orders were also up on a year ago. The majority of chemists surveyed expected business to remain stable over the next three months.

Business was mixed across the individual retailing sectors. Almost as many reported year on year reductions in volumes as increases. Furniture and carpet retailers and specialist food shops all reported poor sales.

Contrary to expectations overall selling prices rose in February, but the increase still represents the smallest rise since the survey began in 1983. A further rise in selling prices is expected in March.

Drug sales down

Government price cuts led to a lower growth in UK drug sales last year, according to figures published this week.

Despite volume growths down from 14 per cent to 8 per cent, the UK, along with North America, was the fastest-growing market, according to figures published by market research company IMS.

Worldwide growth rates, excluding exchange rate differences, represented a 5 per cent rise to \$122.3 billion.

COMPANY IN FOCUS

Mawdsley-Brooks
& Co Ltd

• **Launched** 1895 as a pharmaceutical manufacturer and distributor by pharmacist Joseph Brooks and Edward Holt, a brewer. In 1958, the share capital of Joseph Brooks was acquired by D Mawdsley and Co and, in 1974, the two businesses consolidated under the name Mawdsley-Brooks. The manufacturing operation was shut down in order to concentrate on wholesaling. At that time the company employed 31 staff and had a turnover of \$1.25 million. In 1994, it acquired the business of Smith & Hill and its Yorkshire base.

• **Staff** 220.

• **Headquarters** Salford, with depots in both West Bromwich and Sheffield.

• **Managing director** Jim Salt has been with company 43 years.

• **Sales and marketing director** Alan Backhouse joined the company five years ago and has previously been employed by Bristol-Myers.

• **Turnover** \$73 million.

• **Positioning** As the UK's largest independent full-line wholesaler, it provides twice daily service and full Numark distributorship to 700 pharmacies in the north of England and the Midlands.

• **Philosophy** Jim Salt says: "The company's maxim has always been 'total support for the independent chemist'. In the light of the current trend towards retail ownership by the national wholesalers, this support has become even more vital in order that a significant number of retail pharmacies remain in independent hands. This commitment is underlined by our support for Numark.

"Our success has only been possible because large numbers of pharmacists recognised and supported the company's aims. We are grateful to all our customers and we pledge our continuing effort to sustain independent pharmacy for the next 100 years."

Scotia cuts its losses

Income from licensing deals and higher sales has helped Scotia cut its losses by 42.7 per cent to \$3.6 million (\$6.4m) in the year to December 31.

Chief executive Dr David Horrobin is bullish about the company's performance last year, which he describes as "outstanding, both financially and medically".

The company plans to reduce dependence on its research pipeline by developing and expanding its over the counter business.

One target market is the US, where nutritional products are sold as health food. Scotia hopes

to take advantage of recent legislation which will encourage the development of a European-style supplement market with an emphasis on research-based products.

Overall income for the year was up 19.5 per cent to \$22.7m. As with 1993, the greater part of this income was derived from distribution deals and royalties — rising this year from \$15.2m to \$15.8m.

Significant contributions were from Galderma, which acquired the continental and North American rights to the dermatological product Efalith.

The first installments of payments by Pharmacia for the rights to the EF4 diabetic neuropathy product in Western Europe also helped in its performance. New licensing income has more than doubled from \$1m to \$2.6m.

The company blamed government pressures on the cost of treating skin disorders for the drop in sales of dermatological products. This affected income from pharmaceuticals, which dropped slightly from \$7.6m to \$7.2m. Sales of the breast pain product Efamast increased. Sales of nutrition products also rose to \$8.5m (\$7.6m).

Expenditure on research and development increased from \$8.5m to \$11.5m. The company has 16 early stage projects from which it will select up to six products to proceed to phase II and III trials in 1996 and 1997.



Chief executive Dr Horrobin plans to reduce dependence on the research pipeline by developing the OTC business

COMING EVENTS

SUNDAY, MARCH 19

South East England Branch, RPSGB
Regional conference at Scandic Crown Hotel, Three Bridges, Crawley, 9.30am. 'Presents from abroad', the medical problems facing travellers. Speakers include Roy Daisley, deputy head of the pharmacy department at the University of Brighton.

MONDAY, MARCH 20

Ogwr Branch, RPSGB

At the Heronstone Hotel, near Bridgend, Spm. 'Wound management'. The speaker will be from the 3M group.

Avon Local Pharmaceutical Committee is holding a meeting on local negotiations on March 20 in the Hammond Room, Gloucester County Cricket Club, Nevil Road, Bristol, 7.30 for 8pm.

TUESDAY, MARCH 21

Dudley, Stourbridge and District Branch, RPSGB

At the Medical Services Centre, Corbett Hospital, Stourbridge, 7.30 for 8pm. 'Kidney transplants — the patient, the pharmacist and the physician'. Speakers: Simon

Biffen, pharmacist at the Queen Elizabeth Hospital, and Steve Smith, consultant physician, Dudley Hospitals.

Northern Scottish Branch, RPSGB

At the Craigmorie Hotel, Inverness, Spm. Discussion of motions for branch representatives' meeting in May.

THURSDAY, MARCH 23

Dundee and Eastern Scottish Branch, RPSGB

Joint meeting with the BMA at lecture theatre 2, Ninewells Hospital Medical School, Dundee, Spm. 'Mane et Nocte PRN' by John Allen of the Cairngorm Mountain Rescue Team.

Bedfordshire Branch, RPSGB

At the Cedar Room, Silsoe Conference Centre, Silsoe College, Silsoe, Beds, Spm. 'Council member's viewpoint' by Nicholas Wood.

Weald of Kent Branch, RPSGB

At the Postgraduate Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 for 8pm. 'Protocols and other issues' by Alan Nathan.

AAH defence

As C&D goes to press, AAH is launching its defence against Gehe's hostile takeover. The line of attack is expected to be that the German business' £377 million bid undervalues the company.

Glaxo final offer

Glaxo has announced that the Final Offer and Initial Offer period have been extended until 3.00pm on Thursday, March 16. It may declare the Final Offer unconditional in all respects if all the outstanding conditions are satisfied or waived sooner.

Pharmacia's margins

Group restructuring lead to a 60 per cent increase in profits at Swedish drugs group Pharmacia last year. Profits after financial items reached SKr5.32 billion from SKr3.32bn in 1993, due to productivity gains following the integration of Italian drugs group Farmitalia Carlo Erba last year.

Hoechst report

The supervisory board of Hoechst has been told that a profit rise from increased sales volume allows payment of a higher dividend and boosting of the reserves. The board approved the acquisition of Marion Merrell Dow. The annual general meeting will be held on April 25. Hoechst (UK) Ltd. Tel: 0181 570 7712.

Trade marks surge

The Trade Marks Registry at the Patent Office says there has been a surge in applications from pharmaceuticals and healthcare firms to register trade marks following the implementation of the new Trade Marks Act in October, 1994. Applications in November, December and January were up 65 per cent on the same period last year.

Surgery TV

Pictures of Health, the narrowcast TV service delivered through over 1,500 GP and healthcare waiting rooms, has opened a London sales office to market advertising, sponsorship and merchandising packages. Programming is developed in line with the 'Health of the Nation' initiative. The company claims over three million viewers a month and that almost half of those who see a programme make a visit to a chemist or pharmacy immediately afterwards. Tel: 0171 291 1005.

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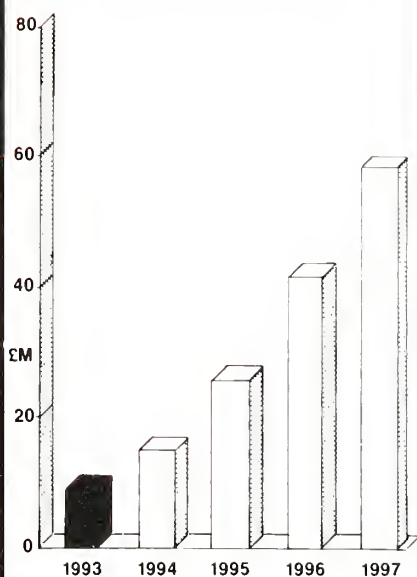
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APPOINTMENTS

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Applications must be made in **writing only** to Mrs. M. J. Brough, Élan Pharma Limited, Lambert Court, Chestnut Avenue, Hants S053 3ZQ.

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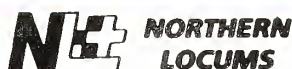
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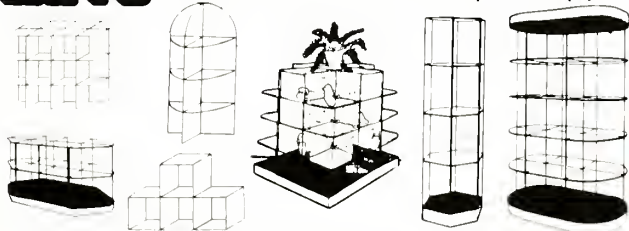


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ABOUT people

Centenary for literary pharmacy

There's not many pharmacies can say one of its regular customers was the writer Thomas Hardy, but then there's not many clocking up 100 years in the same location.

Current proprietor Ian Spofforth is the sixth owner of the Weymouth pharmacy, now known as Spofforth's Chemist. Little has changed among the small parade of shops in the past 100 years. "The area has been modernised, but the frontages are much the same," he says.

Originally Westham Pharmacy, owned by Mr Jeanes in 1895, the outlet's third owner was M T Evans, a good friend of Thomas Hardy. He passed it onto his daughter, E M Evans, before — two changes of ownership later — it came into Mr Spofforth's hands 16 years ago.

"Ms Evans came in and asked if we had found any letters from Thomas Hardy to her father, but they'd been lost over the years," says Mr Spofforth, who runs the

pharmacy with his non-pharmacist wife, Sue.

What was passed down was a number of original prescription and recipe books. "They go right back to prescription book A — with a recipe for snuff and cocaine paste," he says.

Since taking over, Mr Spofforth has re-fitted and modernised the pharmacy and the staff has trebled, proving his initial belief that "it had some potential and something to offer".

Working the streets for Calcutta Rescue

Do you want to broaden your pharmacy horizons? Do you want to work somewhere you'll feel vital and useful? Then Calcutta Rescue needs you.

The voluntary help organisation wants pharmacists, students, technicians and dispensers, keen to give up one month to a year of their time, to work in the street clinics of Calcutta, India.

According to CR's pharmacist co-ordinator, Michael Cotting-

ham, volunteers are needed for at least six months, "but that's not essential".

The positions are purely voluntary with no payment made and no food or accommodation provided. However, for pharmacists on long-term contracts, financial assistance may be made available for both of the latter.

Mr Cottingham recommends the experience, having parti-

cipated for four months. "It's a great experience. It is worthwhile doing something for people who really need help."

For those eager to find out more, Calcutta Rescue is holding an open day on April 8 at Hinde Street Methodist Church, London W1. It will run from 12.00 noon to 4.00pm with a slide show and talk at 12.30 and 2.30pm. For further information contact Michael Cottingham on 01522 536240.



South Devon Disability Focus now has an extra wheelchair to lend to disabled people in the area, thanks to AAH

Pharmaceuticals and Vantage member Anne Haines-Nutt of Hele Pharmacy, Torquay. Mrs Haines-Nutt is shown donating the lightweight, self-propelling wheelchair to SDDF vice chairman Barry Smith

APPOINTMENTS

Dr Brian Kirby has taken over as chairman of the Advisory Board on the Registration of Homoeopathic Products.

Margaret Hook, a community pharmacist, has been elected chairman of the Hospice Pharmacists' Association.

Milupa has appointed **Dr Dennis Segal** as managing director of its UK and Republic of Ireland operations.

John Keen has been promoted to executive sales director at Lewis Woolf Griptight, with **Ken Cole** moving up to UK sales manager. **Helen Wise** joins as marketing executive.

Management changes have been announced in L'Oreal UK's consumer divisions. **Julia Fedou**, general manager of the L'Oreal parfumerie division, is moving to the Paris head office and her place will be taken by **Jacques Challes**, currently the manager of Laboratoires Garnier in the UK. **Valerie James** succeeds Mr Challes, and her post is filled by **Caroline Bird**.



Mrs M Botterill, of Botterill's Chemist, Nuneaton, is the first winner in Zantac 75's merchandising initiative programme, correctly matching two halves of a bank note to win a week's holiday in Athens or £500 prize money. But other pharmacists need not despair: over the next six months holidays to the Seychelles, Cairo and Paris are up for grabs, just match the serial number on a Zantac 75 POS unit or merchandising materials with numbers featured every month in C&D

Gang threatens pharmacist with bar

Staff at Ferguson's Chemist, West Bromwich, had an unpleasant Valentine's Day when a gang of robbers forced its way into the pharmacy at closing time.

As the pharmacy's two assistants were letting the final customers out before the shop's 7.00pm closure, a three-man gang burst in, one wielding a metal bar, another carrying a knife.

Pharmacy manager Lawrence Hancox was told to open the safe. He refused and was then punched and kicked by one of the men until he handed over his wallet. The gang also took the assistants' handbags.

"I chased after them, but the bloke with the metal bar came after me," adds Mr Hancox. Although bruised and shaken, he did not require treatment.

"It was a bit scary at the time, but we are getting over it," he adds. Just to make sure there is no repeat occurrence, security at the pharmacy is being upgraded.

Two people have been charged in connection with the incident.



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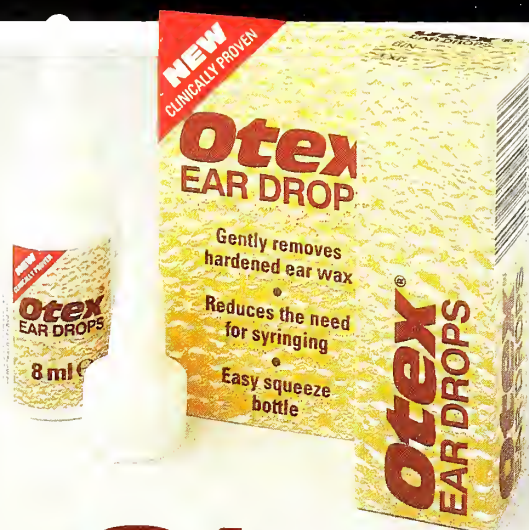
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Active Ingredient: 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged, if there is any other ear disorder (such as inflammation), or if any other preparation is being used in the ear. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Legal Category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £3.25.